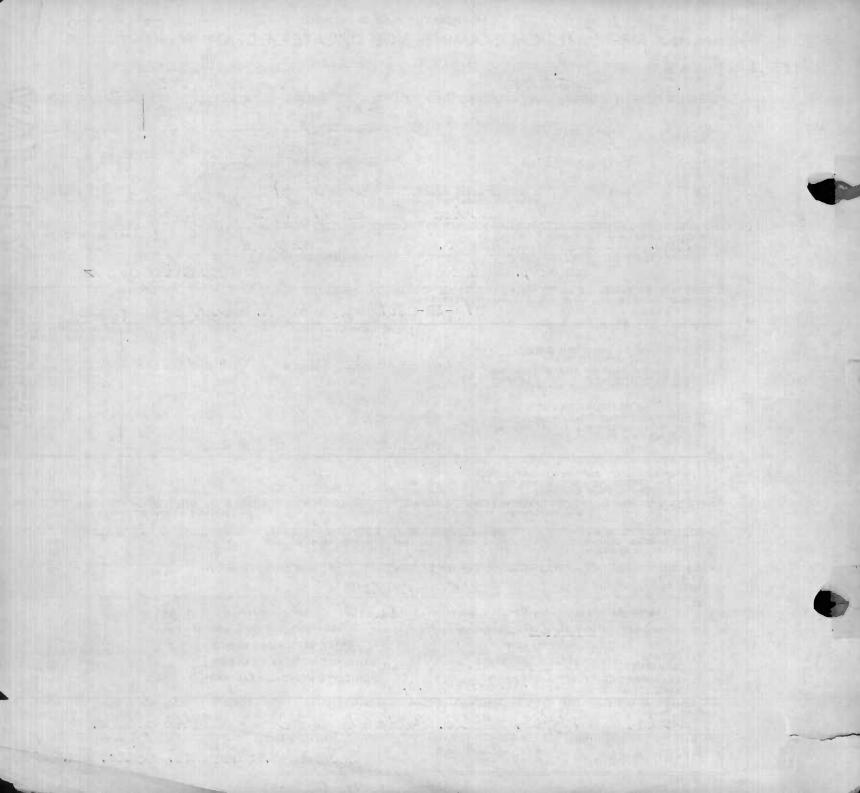
BALTIMORE	CITY L	ICAITH.	DED A D	TAMENIT

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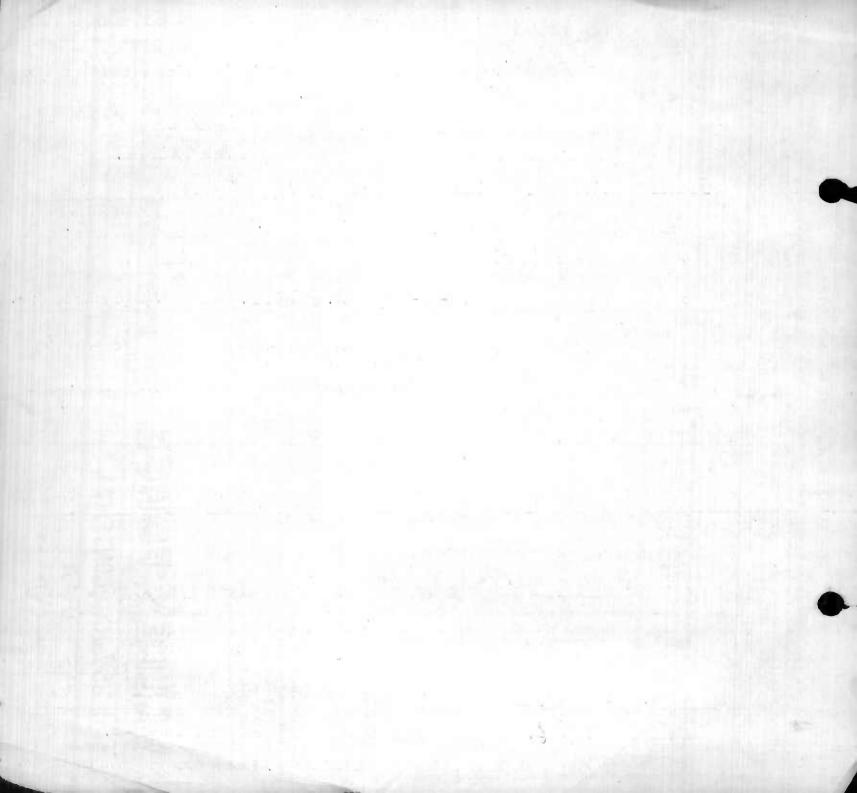
		WED!	ICAL EXAMINER'S CI	ERTIFICATE OF DEATH Register	ed Na.	
_	E CASE NO.	FASED		2. DATE AND HOUR PRONOUNCE	D DEAD	
(Type or Print) FRANK ZELENKA			LENKA	December 31, 1965	4:15 P	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY  Maryland		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		TION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore			
Union Memorial			ial	D. STREET ADDRESS (If rurol, give locotion)  3520 Parklawn Ave.		
5. :	ale	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  July 31, 1920  9. AGE (In years lost birthday)  45	Months Doys Hours Min.	
done during most of working life, even if retired)  Martin (0.		Maryland	12. CITIZEN OF WHAT COUNTRY?			
	FATHER'S NAM	Joseph	M. Zelenka	14. MOTHER'S MAIDEN NAME Katherin		
		O EVER IN U.S. ARMED		Mrs, Mary L. Zelenka	(Same)	
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astherito, etc. II means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?						
EDICAL	21A, EXTERNA UNDERLYING UTING CAU	OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, steet, etc.)	in or about 21C. WHERE DID (If in Boltimore City, giv		
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year		21F. HOW DID INJURY OCCUR? WHILE		
	22.	ify that I held an I	ngulry Inspection Aut	tapsy 🛚 and that an this basis, death in m	y opinian	
	resul	ted fram: Nathral Car	uses X Accident  Suicid	e Hamicide Undetermined manne		
	ACTUAI SIGNAT	/ / / / / /	revellering M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED	
	EXAMIN		Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	1-1-66	
	BURIAL CRE	MATION, 23B. DATE	166. Balto. Natio	1.0	town, or county) (State)	
24.	JAN	3 1966 Rober	24B. NAME OF REGISTRAR	Leonard J. Ruck Inc.	Balto. Md.212	
VS	151-REV. 1/1/		AKRO	0110		

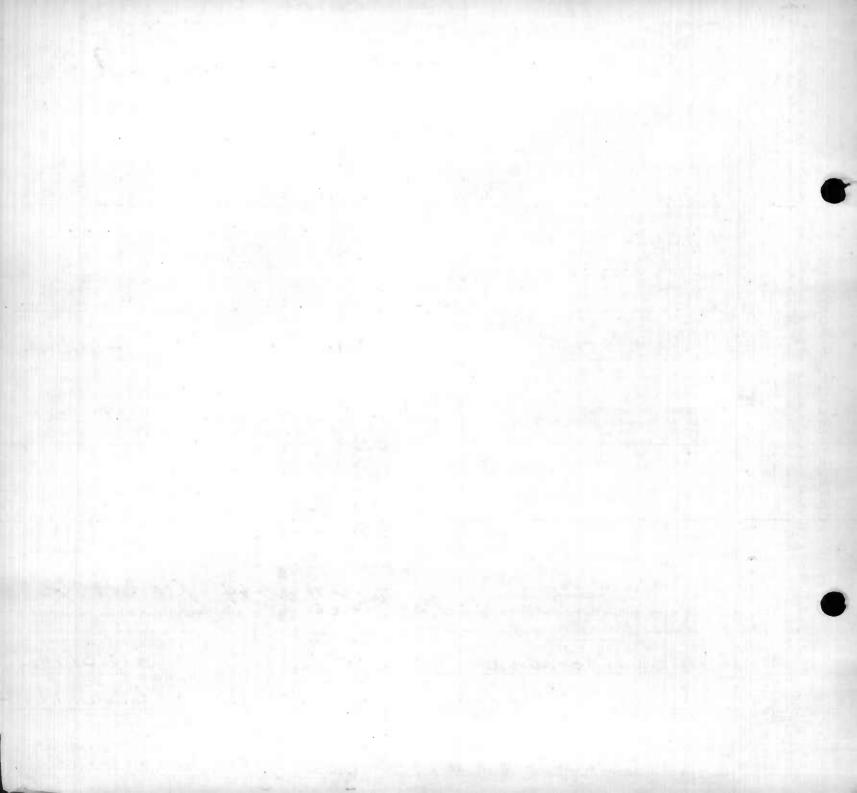
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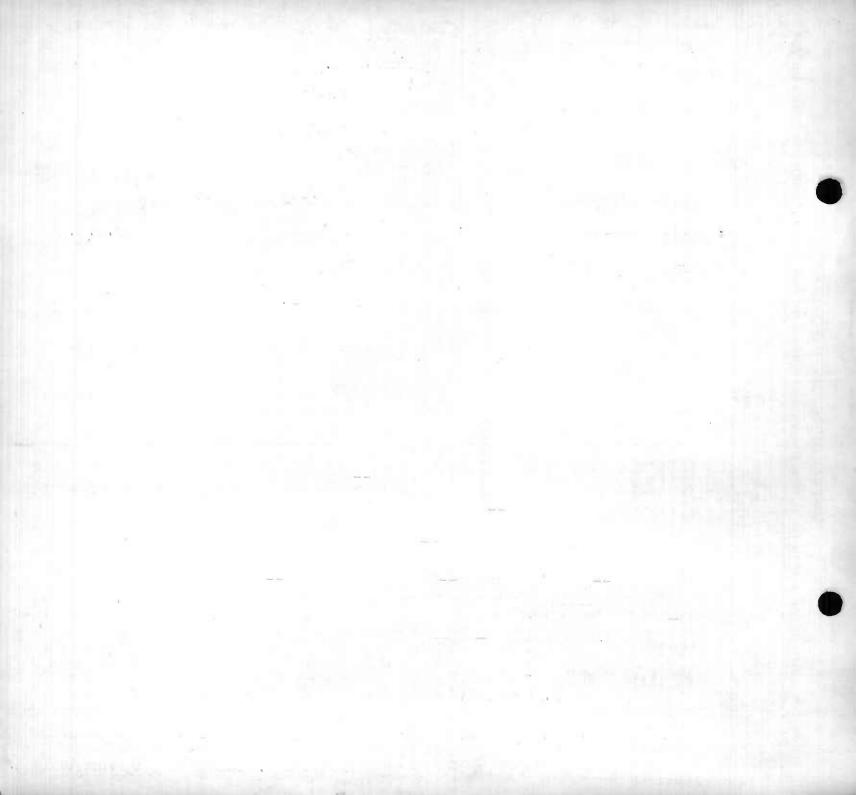
24C. FUNERAL DIRECTOR ADDRESS
Leonard J. Ruck Inc. Balto. Md. 21214



	BALTIMORE CITY	HEALTH DEPARTMENT	01	1000
BIRTH NO.  M.E. CASE NO.  65 13503	CERTIFICA	TE OF DEATH	Registered Na. 6	5 13503
1, NAME OF DECEASED (Type or Print)  Emma	. Ande		HOUR OF DEATH	1 71-0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		ution: residence before odmission)
FULL NAME OF (If not in hospital or institution address or location)	ution, give street	A. STATE Md. B. COUNTY		5-09
institution Mount Convale	const Home	C. CITY OR TOWN (If outside	Baltimore	
		D. STREET ADDRESS (If rur	ol, give location)	0 1
3706 Nortonia	Road	370	6 Nortonia	Rd.
	OWED, DIVORCED Ispecify)	June 13, 1879	AGE (In years st birthdoy) 86	f Under 1 Yr. II Under 24 Hrs Nonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
Housewite	Own Home	New York		USA
13. FATHERS NAME		14. MOTHERS MAIDEN NAME		2
Jacob Sai	er		Selina	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	10.4	ADDRESS
No	213-01-272	50 Mr. Edwin F	. Platz301	4 Echodale Ave
18. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca	Konchu acalusi		10 minutes
(This does not mean the mode of dying,	e.g., DUE TO	ronary occlusi		
hearl lailure, asthenia, etc. It means the dis injury or complication which coused death.)		1 1 1	. 1 2 10	,
ANTECEDENT CAUSES	(B) COVO	nery arteriosderati	chear disea	se unknown
DISEASES OR CONDITIONS, il any,	iving			
rise to the above cause (A) stating UNDERLYING CONDITION lost.	lhe (C)	00 0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
1				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE FINI	DINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING			IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (I) (this haspital) atten	ded the deceased fram	NOU, 8 19	65 to	Dec 31, 1965
that (1) (we) last saw the deceased olive	on Dec. 30		in(my) (wr) aplnio	on death accurred on the dat
and hour and fram the couses stoted abo				
23A. SIGNATURE	<		23	B. DATE SIGNED
abraham B. Hum	M.D. Att.	ending Med. St.	off nys.	Dec. 31, 1965
23C. PHYSICIAN'S NAME (Type) ABRAHAM B. HURWITZ		750/ Liberty K		imore, Md.
24A. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	CATION (City,	town, or county) (State)
Burial 1/3/66.	Baltimore (em	etery	Baltimor	re Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR			4.0.0.000
JAN 3 1986 P.O. A.O.	Frederick	Leonard J. R	uck ync 53	305 Harford Rd
VC 150 051/ 1/1//5		1 0 1 1		





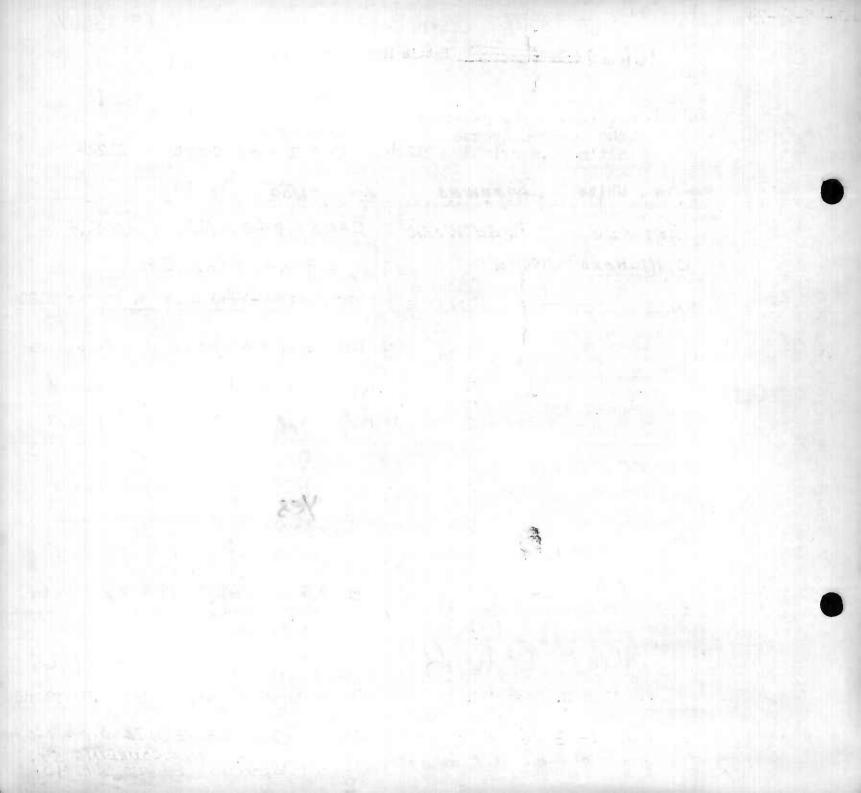


IMPORTANT

DIRECTOR:

FUNERAL

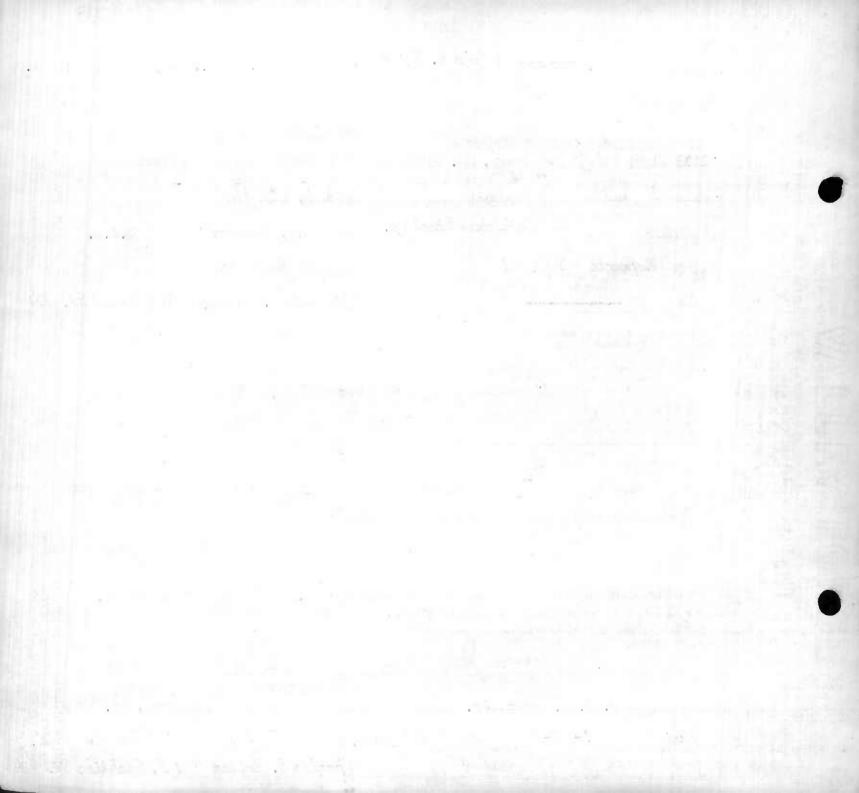
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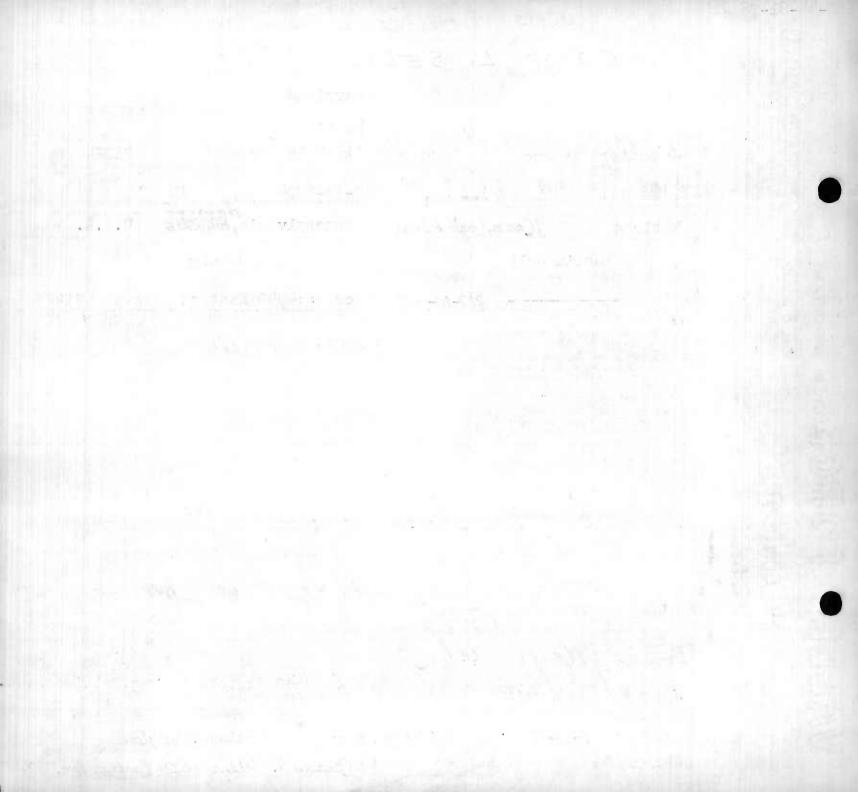


IMPORTANT

DIRECTOR:

FUNERAL





FUNERAL DIRECTOR:

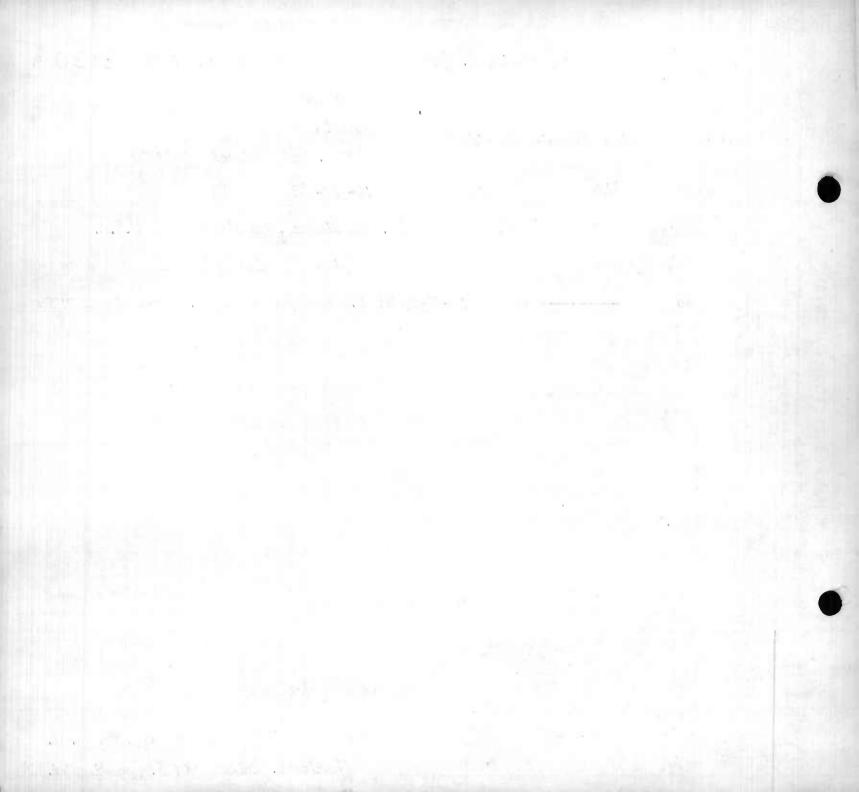
VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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24C. FUNERAL DIRECTOR

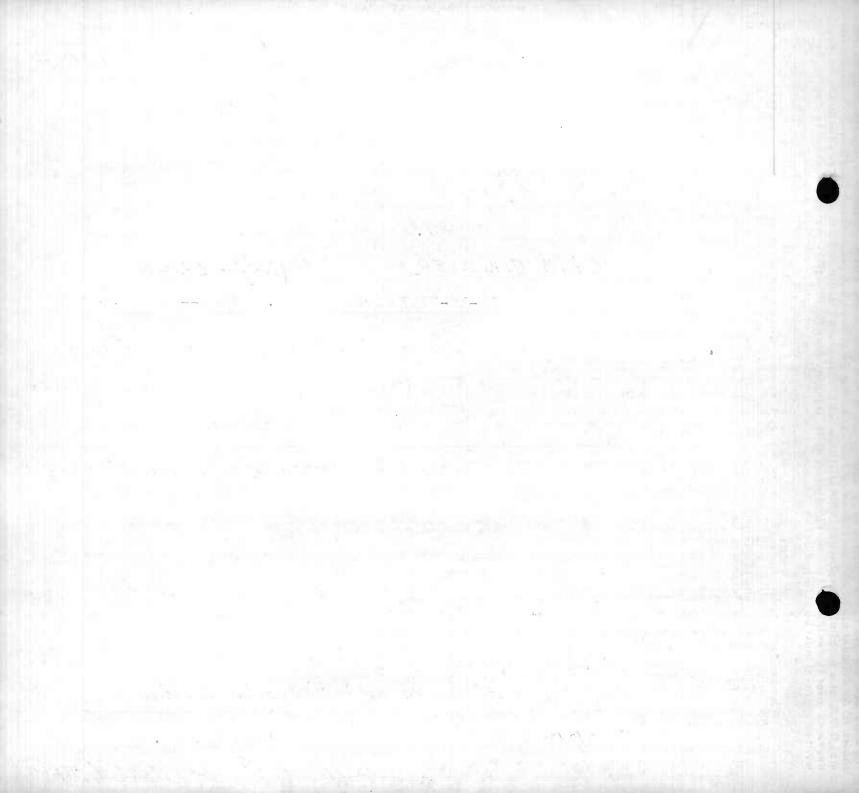
**ADDRESS** 

H. Sander & Sons, Inc., Balto., Md.

24A. DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

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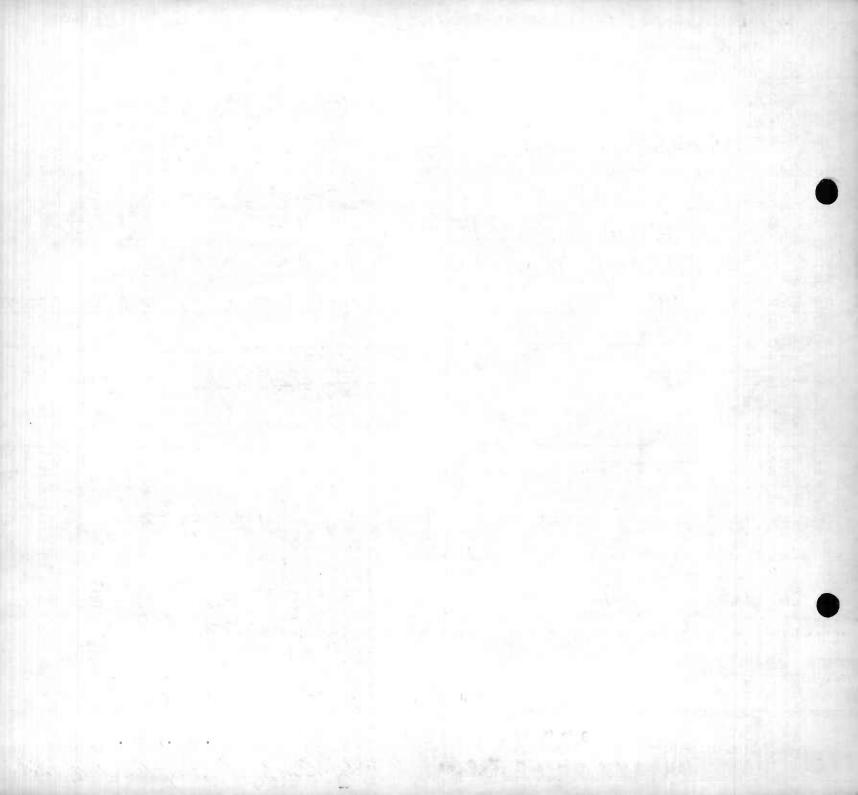
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

A CONTRACT OF THE PARTY. 

		BALTIMORE CITY	HEALTH DEPARTMENT	1	65 13516
BIRTH NO.	65 13516	CERTIFICA	TE OF DEATH	Registered Na	OV TOOTO
M.E. CASE NO.		)	2. DATE AN	D HOUR OF DEATH	2-1
(Type or Print)	HARRY DA.	MRON	12/3	30/65	350/p
3. PLACE OF DEA	TH IN BALTIMORE, MARYLAND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission
FULL NAME OF	(If not in hospital or institution, g	uua atraat		BALTIMO	OP
HOSPITAL OR	address or lacotion)	live slieer	C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)
THIS IT O TON			BALTIM	084	22-53-01
MARIL	ANG GENERAL	HACTIL	D. STREET ADDRESS (If	rural, give lacation)	
7 (meg 2	THE CHERT	1803 PITAL	2807 L	unglen	COURT
5. SEX 11	6. RACE 7. MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify)		9. AGE (Myears	If Under 1 Yr. If Under 24 Hrs Manths! Days Haurs! Min.
10/	N	M	1/20/13	52	
	PATION (Give kind of work 10B, KIND OF orking life, even if retired)		11. BIRTHPLA CE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Spectr	O ANALIST Be	Th. Steel	VA		45
3. FATHERS NAM	E		14. MOTHER'S MAIDEN NAM	A E	
HAI	PRI DAMPI	rn)	MARY	MOCL	_/
5. Was Deceased	Ever in J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	70	ADDRESS
(Yes, na ar unknown)	(If yes, give war ar dates of service)	SECURITY NO.	FACE SHE	0T - 1	Man Tue CHA
1B. /	January, 1	CAUSE O		e/ a//	HOSPITAL CHAR
/0.	OR CONDITION DIRECTLY	1	,	, 0.	INTERVAL BETWEEN ONSET AND DEATH
	EADING TO DEATH	1 fls	Seption To	RUMONIA	5 min
	I meon the mode of dying, e.g., esthenio, etc. It meons the disease,	DUE TO	F11-01-10		
	dicotion which coused deoth.)		The state of the	ma	7/E/
A	NTECEDENT CAUSES	(B)	capit sep	recorrect	= 07 m.
	R CONDITIONS, if any, giving	AA	total Ca	A.	//
	above couse (A) stating the CONDITION lost.	(c) (V) E	CASCALCO CA	yen /	1 Q mone
				0	
O OTHER SIGNIE	CANT CONDITIONS CONTRIBUTING				
DISEASE OR	ATH BUT NOT RELATED TO THE				
19A. DATE OF		WHICH OPERATION	20 A. AUTOPSY? (Yes at No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
2 2		7 LUNG	ges	112	
OR CONTRIBU	ING CAUSE OF home	e, form, factory, street, a	ffice bldg., NAJURY OCCUR?	(If in Salimore	Cify, give exact lacotion)
U	medical examiner) etc.)			· ·	La Travia
OF INJURY		INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
(APPROX.)	War	le At Wark  Not While  At Work			/
22. I certify	that (1) (this hospital) attended th	ne deceased from	12/15	9 65 10 /6	3 0 19 65
that (I) (we)	ast saw the deceased alive an	12/30	19 65 and the	at in (my) (aur) opini	an death accurred on the da
	fram the causes stated above (1)	(We) (did) (did nat)			
23A. SIGNATUI					23 B. DATE SIGNED
	Mollen	M.D. Atte	ending Med. Director	Staff Phys.	12/30/105
23C. PHYSICIAT	75		23D. ADDRESS	111,50	10/340-
NAME (Ty	TIU. MAL	/ N M.D.	INTERN	MD. GO.	N HOSPITAL
24A. BURIAL CREA	ATION, 248. DATE 24C. NA	ME of CEMETERY of CRI		CATION (City,	, town, or caunty) (State)
REMOVAL (S	ecify)	A TET AY IST			
25A. DATE REC'D	1/3/1966 O. BY HEALTH DEPT.  258, NAME O	AKLAWN F REGISTRAR	25C. FUNERAL PIRECTOR	ALTO. CO.,	MD.
IAN C		Charles Co	2.1 PONERAL DIRECTOR	6.0	
VS 150-REV. 1/1/6		ANSWERS OF THE	in Messelve	floodly.	Durdolf, MA
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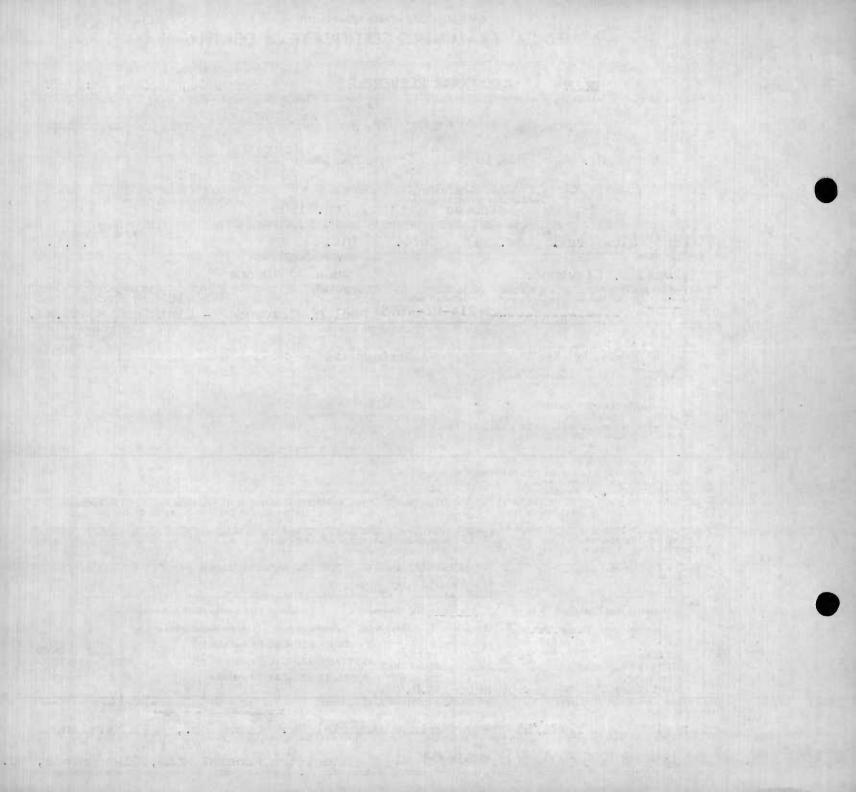
VIC	( 1	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT Registered NO.5 13517
1/	2004	
	an eat ase th th	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
ng -i	- P 0 5 .	Beverly Ann Keemer 12/29/65 1/25 A M.
H L	++0 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  8. COUNTY
Ω	se o se o (5) D ance deat	FULL NAME OF (If not in hospitol or institution, give street Maryland
<u>o</u>	causes, se; se; to	HOSPITAL OR Oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
E	n o n o n o n o n o n o n o n o n o n o	D. STREET ADDRESS (If rurol, give locotion)
SC	Ping Bir	The Johns Hopkins Hospital
J	ade la de	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, . If Under 24 Hrs.
مُن الله	trill gu ge sed	WIDOWED, DIVORCED (specify)   lost birthdoy)   Months Doys Hours Min.
2	on on on si	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
ro.	det det in in ion	done during most of working life, even if refired)  WHAT COUNTRY?
ü	dec des	13. FATHER'S NAME
	if	Nahal Tanas
7	dis dis	Fred Keemer Mabel Jones  15. Was Deceased Ever in U. S. Armed Forces? 16. SPICIAL 17. INFORMANT ADDRESS
A A	in ear	(Yes, no or unknown) (If yes, give war or dotes of service SECURITY NO.
7 Z	SSissis	That yours funtinglown Mo
0 0	s a man and or or	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH  CAUSE OF DEATH  ONSET AND DEATH
6	of of or the of	LEADING TO DEATH
0 1	A e o E	(This does not mean the mode of dying, e.g.,
12 12	er. ctu pro pro lar	heart foilure, asthenia, etc. It means the disease injury or camplication which caused death.)
9 <b>2</b>	fra fra	ANTECEDENT CAUSES ANTECEDENT CAUSE ANTECEDENT CAUSES ANTECEDENT CAUSE ANTECED CAUSE ANTECEDENT CAUSE ANTECED CAUSE ANTECED CAUSE ANTECEDENT CAUSE ANTECED CAUSE ANTECED
F. C.	W A P P	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the C
. 04	(3) ex	UNDERLYING CONDITION tost,
D ier	ical isal isal cia cia	
F & €	did did ysi ysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
ner nge ERA	A by	
itn	od od	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	by B	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. NVHERE DID (If in Boltimote City, give exect.locotion)
Br.	th (2) (2) (2) (2)	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locovion) OR CONTRIBUTING CAUSE OF  DEATH (notify medical examines)  21 B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct locovion) before, form, foctory, street, office bidg., INJURY OCCUR?
Ann r.	Pring A N P	ONCHANGE CHIMPAIN Macylory
ADr	os ne (6)	While At Not While
7	ov e h n nd nd	flee 10 65; Work Al Work Al, Kaying well parents
H C	th th	22. I certify that (I) (this hospital) attended the deceosed from 19 65 to 12/25 1960.
Bevel	= 0 0	that (I) (we) lost saw the deceased alive on 19 and that in (my) (our) apinion deoth occurred on the date
Ве	assed to dent of ospital death) must be	and haur and from the causes stated above. (I) (We) (did) aid nat) view the body after deoth.  23A. SIGNATURE
44 7-1	ust bease dent dent nospi	M.D. Attending Med. Stoff
0 0	E + C C E	23C. PHYSICIAN'S 23D. ADDRESS
> 0	ate n a r ior rov	NAME (Type)
body o approva	y was y was 1) An c 3.A. at d prio	24A, BURIAL CREMATION, 124B, ADAZE C 124C, NAME of CEMETERY OF CREMATORY 124D, LOCATION (City, town, or county) (Stote)
a pr	THOU &	REMOVAL (Specify) 12-31-65
(1)	This certithe body shows: (1) was D.O. deceased written a	Burial Plum Point Church Cem Plum Point Calvert Md.
The	the b show was dece	JAN 3 1966 Robert E. Talker Leroy E. Berry Huntingtown, Md.
	-+4>0>	
		VS 150-REV. 1/1/65 / 148 2

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resolution .... 164. 22 190. 61-NO SELECTION the effective and the same 

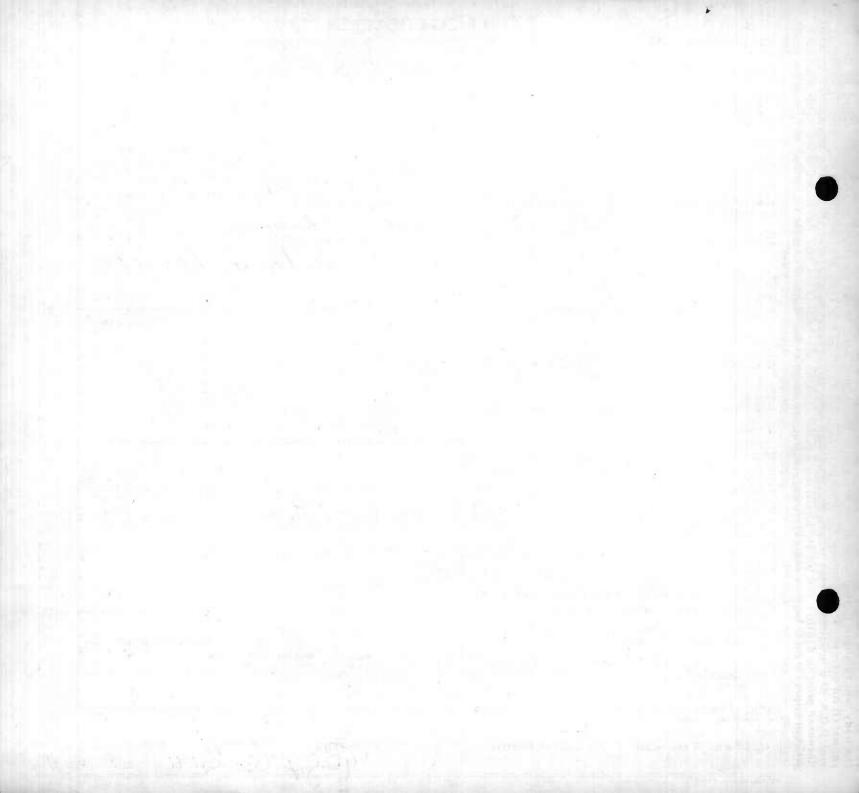
Singleton Funeral Home, Glen Burnie, Md.

VS 151-REV, 1/1/65



HP 13 12-61 BALTHURSE, ALL USA HENRIETTA TRENEIES PESTERIOR HYS ANDIA CONTROL disease they made 212 NOTE | Sales | PRINTER AND CHAREOUTING + SEV HIM THE The state of the s 12-21 12-21 65 home of willing Union Homeen Has armin

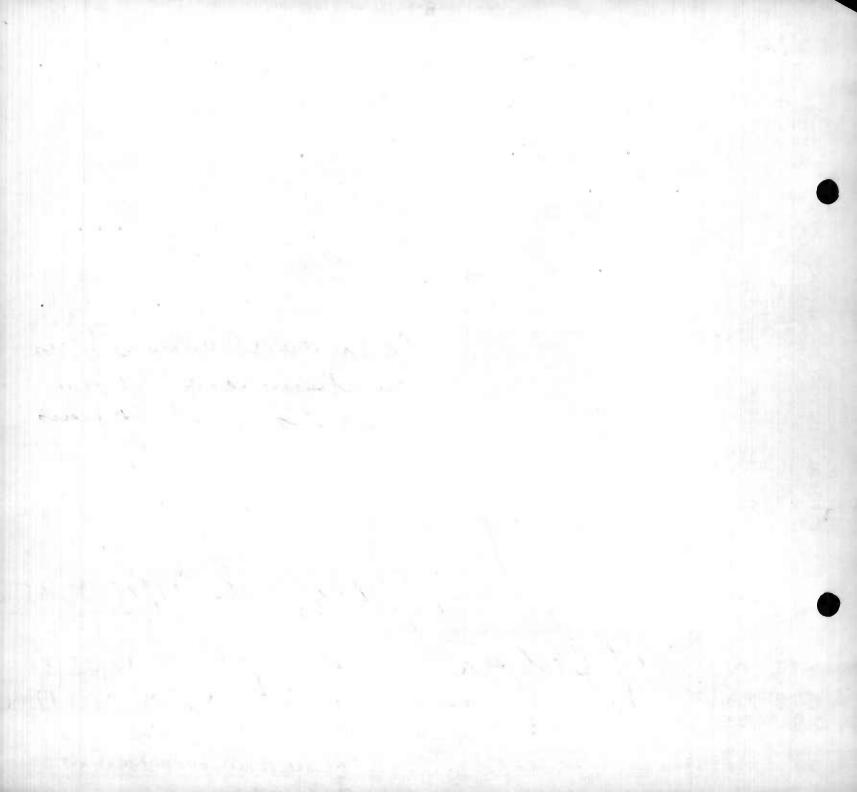
				BALTIMORE CITY	HEALTH DE	PARTMENT		OF AS	ACT A
	H NO.	65 1	3521	CERTIFICA	TE OF	DEATH	Registered Na	. 65 13	521
.N	CASE NO.	CEASED				2. DATE AN	NO HOUR OF DEATH	н	
	e or Print)	MARY L CA				DECE	MBER 29,	1965   10	:55P
P	LACE OF DE	ATH IN BALTIMORE, M	ARYLAND		A, STATE	B, COUN	TY lived. If	institution: residenc	e before admission
	ULL NAME C		ol or institution, g	pive street		RYLAND	tside city limits, write	TARIAM	11/2
13	NOITUTITZN					AIRY	rside city limits, write	RUKAL ond give	) - (
0	ST	T. AGNES HO	SPITAL		D. STREET A	DDRESS (If	rural, give location)		
					ROL				
	EMALE	White	MARKE	EBORCED (specify)	9-14-1	14	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
OA.	USUAL OCC	UPATION (Give kind of wo working life, even il retired	ork 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fore	ign country)	12, CITIZEN O	UNTRY?
	HOUSE	WIFE	es == == == =			LAND		U	S
	ATHERS NA					S MAIDEN NA			
		N HALLAR					JACKSON		
5. V Yes	Vos Deceosed no or unknown	d Ever in U. S. Armed F n) (If yes, give war or do	orces? ites of service)	SECURITY NO.	17. INFORMA		CATON AVE		
	No			214-34-2790		IGNES H	OSPITAL R	ECORDS W	ILKENS
	18. 5.8	1,0		CAUSE	F DEATH				AND DEATH
	DISEA	SE OR CONDITION D		(4)	Hels	tre (	Ome		
		not meen the mode of		DUE TO	1				
	injury at cor	mplication which couse	ed deoth.)		1/1/11 on	Gin	boxis		
		ANTECEDENT CAUSE		DUE TO					
		OR CONDITIONS, if te obave couse (A		(C)					
		G CONDITION 10 SI.				0.1			
TION	TO THE D	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	LATED TO TH						
ERTIFICA		F OPERATION 198. CO		VHICH OPERATION	20A. AUTO	NO NO	208. IF YES, WERI	E FINDINGS CONS	DERED ?
CER	21A. ACCIDE	ENT WAS UNDERLYING	21B.	PLACE OF INJURY (e.g.,	n or about 21 C.	WHERE DID	(If in Baltima	ore City, give exac	t location)
d	OR CONTRIB	y medical examined	hom etc.	e, lorm, foctory, street, o	ffice bldg., INJI	URY OCCUR?			
EDIC	21 D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21 F.	HOW DID IN.	URY OCCUR?		
×	(APPROX.)		Whi	le At Not Whi	le				
	22. I certify	y that (1) (this hospit		ne deceased from D		21	165 to DE	CEMBER 2	9 19 65
				DECEMBER 29				plnion deoth occ	urred an the da
				) (We) (did) (Xid Xot)					
	23A. SIGNATI	/ /////	em					23B, DATE SIGI	NED
		///		M.D. At	ending	Med. Director	Staff Phys.	12-29-1	.965
	23C. PHYSICIA	AN'S Typer			23D. ADDRESS				
		E.	WEISS			GNES HO			
24A	REMOVAL	EMATION, 248. DATE (Specify)	24C. N	ME of CEMETERY of CI	EMATORY	24D. L	OCATION	City, town, or coun	ty) (Stole)
	Burial		1966 Mt.	Olivet Cemet	ery	Fr	ederick- Ma	aryland 21	701
25A	. DATE REC'D	D BY HEALTH DEPT.		OF REGISTRAR	2SC. FUN	Etchison	Elwood 7	Frederick	DRESS Md. 217
10	JAN	3 1966 12	क है . पर	wern	M.R.	POCITZON	& SUI-	TLEGGLTCK	, Mu - 211
2	150-REV. 1/1/	/00	- April	14	- Aug	and the			



a hospital and

0.027	- 25	HEALTH DEPARTMENT	()	F 40500
erth No. 65 135	23 CERTIFICA	TE OF DEATH	Registered No.	5 13523
A.E. CASE NO.		2, DATE AND	OUR OF DEATH	
Type or Print) HUGHES SAR	AH CATHERIA	UE 12-31	- 45	10:50 \$
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where do	eceosed lived. If institut	ion: residence before odmissio
FULL NAME OF (If not in hospital or ins	titution, give streel	C. CITY OR TOWN (If outside	0-1	· A
	4E 1 HOSPITAL	C. CITY OR IOWN (If outside		ond give lownship)
Re-	THOSPITAL		give location)	1-0)
PALITYORE	, Md. 21231			4158
		6420 ROSE		AUE.
_ V	AARRIED, NEVER MARRIED VIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years If Mo	Under 1 Yr. If Under 24 Honths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108.	SINGIF	6-06-98	67	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12	CITIZEN OF
one during most of working life, even if retired)		to do so a day of	P) for	
BABY SITIER	_	MARYLAND	Car Carlo	. 084
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOHN HENRY	MUGHES	MAZY BA	LOWIN	
. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of		C m	2702 M. 10	1 M · 11 @ 1
	212-05-9425	George Warren-	3/U3 Milliona	l'ill Kd.
18. 420.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI	LY		1 1 7.	
LEADING TO DEATH	(A) MI	yocardial	Sufacelen	· I day
(This does not mean the mode of dyin	g, e.g., DUE TO		7	***************************************
heart foilure, asthenia, etc. If means the injury or complication which coused deat	disease, h.)		4 .	
ANTECEDENT CAUSES	(B) /Ke	respensarie c	ander -	yean.
	DUE TO	responsai e	4	
DISEASES OR CONDITIONS, if ony, rise to the abave couse (A) state	giving ing the (C)	trace de	exace	
UNDERLYING CONDITION last.	(0)			
11				
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 2	OB. IF YES, WERE FIND	INGS CONSIDERED
WAS PERFORM		I	CERTIFYING CAUSES	OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	218. PLACE OF INJURY (e.g., i	or about 21C. WHERE DID	(If in Boltimore City	y, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	tit iii politimole Cit	y, grae exoct locotion)
DEATH (notify medical examiner)	etc.)		_	
21D. TIME (Month) (Doy) (Yeor) (He	OUT 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
OF INJURY	While At Not Whil			
THE THOMAS	Work At Work			
22. I certify that (I) (this haspital) att	ended the deceased fram	12-30 19	65 to 12.	1961
that (I) (we) last saw the deceased al	ive on 12 - 31	19 CJ and that i	n(my) (out) apinion	death accurred on the d
				Sin decorred on the d
and haur and fram the causes stated a	bave. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE				B. DATE SIGNED
Ichanans	M.D. Atte	ending Med. Stol	s. 1	2-31-67
23C. PHYSICIAN'S		23D. ADDRESS Offere		
IDILIA C. MARI		21701001		4 11001111
40.01//	· ·	BALTIN	okt, H	9.21231
AA. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	MATORY 24D. LOCA	ATION (City, to	own, or county) (State)
Burial 1-3-66	Oak Lawn Cemer	Panu Ra	lto. Md.	
	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	MO. III.	ADDRESS
23B.	TO REGISTRAR	John C. Miller	Inc-6415 Re	elair Road. 10
JAN 3 1966 (2 0 %)	ATROVELEMIN S	75.42 ( 7.2500		

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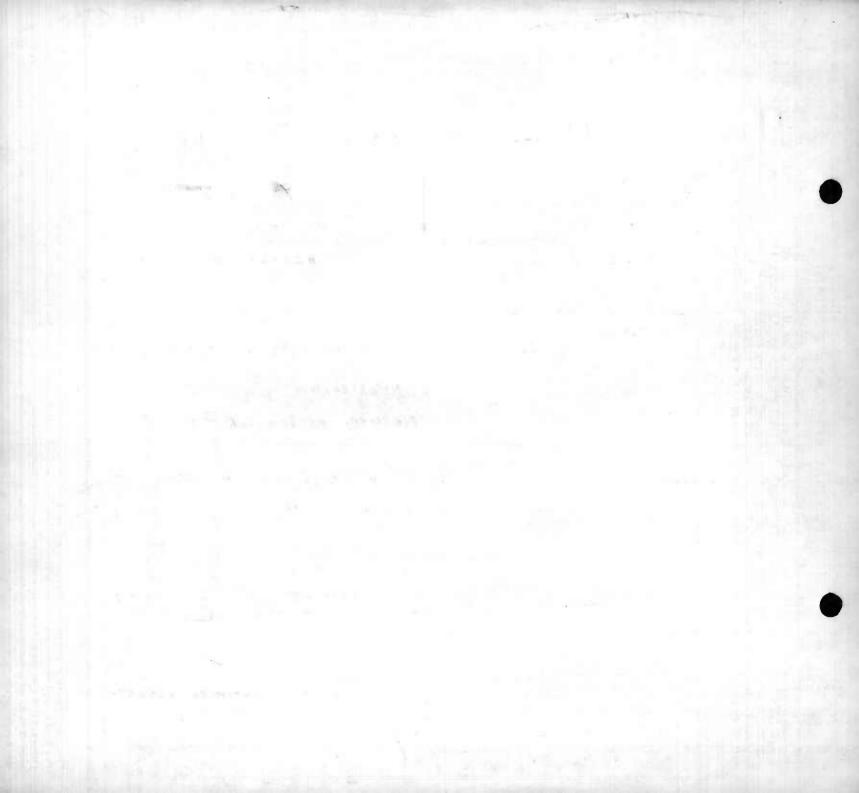
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 12 - 31-6.5 RESIDENCE (Where deceased lived. If institution: residence before admission B. CDUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) BALTIMORE D. STREET ADDRESS (If rurol, give location) HAM BURG ST. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. lost highday 5-10-189 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USA MARYLAND 14. MOTHER'S MAIDEN NAME ROBINSON HESTER 17. INFORMANT ADDRESS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (A) CEREBROYASCULAR ACCIDENT HYPERTENSION ICI PERIPHERAL ARTERIOSCEROSIS YEARS LARGE UMBILICAL HERNIA 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? Not While At Work .....19 ...... to ..... 12 - 3 / 19 65 that (1) we) lost sow the deceased alive on 12-31 19 65 and that in (my (aur) opinion death occurred on the date 23B, DATE SIGNED Attending Med. Stoff 1-1-66 Phys. Phys. 23D. ADDRESS HOSPITAL GENERAL SOUTH BALTIMORE M.D.

24D. LOCATION

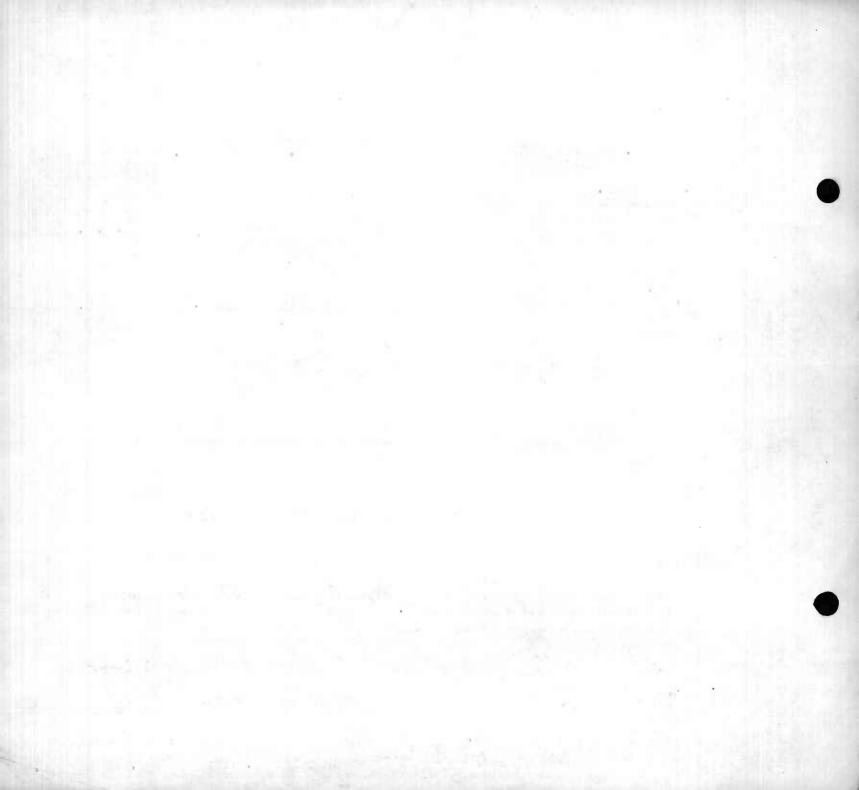
25C. FUNERAL DIRECTOR

(City, lown, or county)

ADDRESS



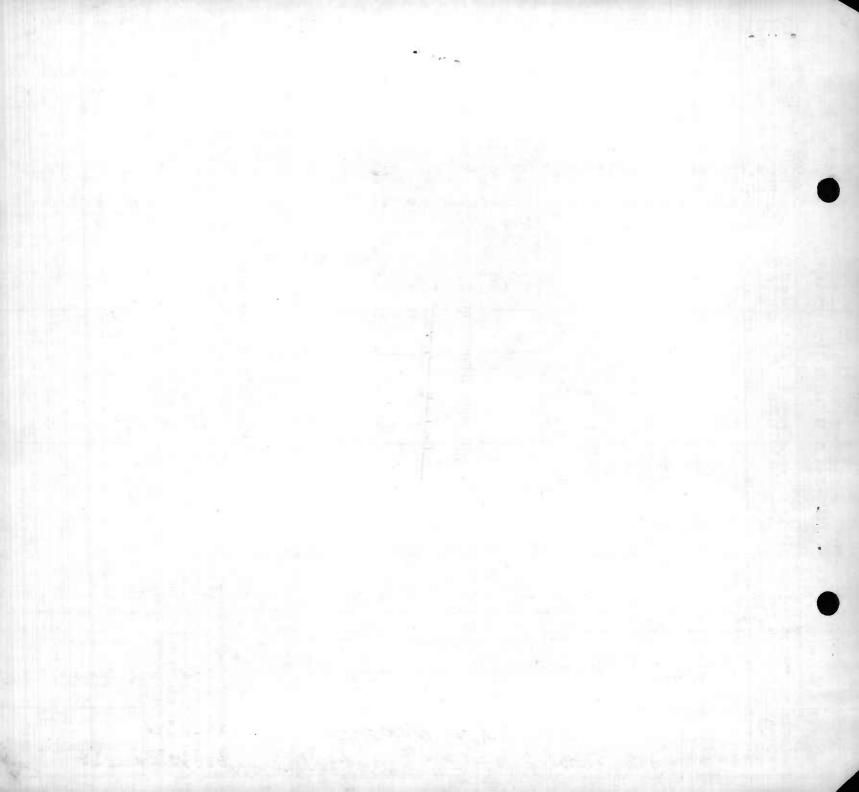
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(Type or			MON RIC	CHARD	SON			2, 0 4 16	12/30	/65		1 2 ; 66
3. PLAC	E OF DEATH		ORE, MARYL				4. USUAL R	ESIDENCE (V	/heio doce	osed lived. 1	Il institutio	in: iesidonce befaio
FULL	NAME OF	(If not in oddress	n hospital or in or location)	nstilution, g	vo streot		Mary]	land			1	3 0 /
INSTIT	UTION							ltimo		y minis, wi	HE KOKAL	one give township
0	0000						D. STREET A	DDRESS	(If rurol, gi	ve location)		
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	AL OCCUPA		kind of work 10B	KIND OF	BUSINESS OF	RINDUSTRT	11. BIRTHPLA	CE (State or I	oreign cou	ntıy)	12.	CITIZEN OF WHAT COUNTRY?
aune Gurii	ng most of work	aniy me, even					South	Caro:	lina			U.S.A.
13. FATH	ER'S NAME			1		1		S MAIDEN I				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	3 8	Distant					Eli	zabetl	1			
15. Was	Deceased Ev	er in U. S.	Armed Forces!	2	1 6. SOCIAL		7. INFORMA					ADDRESS
95.70		yes, give w	voi or doles of	sorvice)	SECURITY	NO.	75 -	70 - 1	^			
NO.						CAUSE OF	ROSE	Davis	5 932	S. H	anov	INTERVAL BET
1B.	44:	SXI				CHOSE OF	DEMIN					ONSET AND D
Inju.	y or campli		th coused de	diseose, oth.)		B)	<b>J</b> ,		•	000 0.5.4 0.0 0.000 0 0 0 0.00		· ************************************
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DISI	AN EASES OR	TECEDENT  CONDITIO above cou	ch coused dec CAUSES ONS, if any use (A) sta	olh.) , giving	143		<b>D</b> ,					
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-6	1231	BIRTH NO. 65 13527 CERTIFIC	ATE OF DEATH Registered No.	65 13527
	of death Decease on the	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  LIOYO GEORGE 13/R/	2. DATE AND HOUR OF DEATH	13:40 Am
x:	L 000	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	7 7 7010
۹.	a nos cause se; (5) nadan to de	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write F	RURAL and give fawnship)
	ing caus caus atte	UNIVERSITY HOSPITAC.	D. STREET ADDRESS (If rurol, give location)  120 SCOTT STREET	-T
	rribut nined gular ed p	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 10-28-09 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	cont cont etern n reg eceds	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTING done during most of working life, even if retired)  LA 30 REFR.  SANITATION		12. CITIZEN OF WHAT COUNTRY?
	Und Vas i	LA BORER DEM. SANITATION  13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	USA
Z	ind; (4) U eath wa	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	CARRIE QUICKMAN	. ADDRESS
RTA	the the dea dea dea final	(Yes, no of unknown) (If yes, give wor or doles of service) SECURTY NO.	CATHERINE BRAYIN	
APO	of any of any onced enda	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
=	r. Als	(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease,	ICEL HERNIATION	I ahmed
TOR	fract fract ho pr agula	ANTECEDENT CAUSES	AIN SWELLING	2 days
IREC	(3) A an win re	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.	UTE SUBPURAL Heme	whose
RAL D	medical burns; physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		:
JNER	Body the linksicing sicing the linksicing the links	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED SWELLING		INDINGS CONSIDERED USES OF DEATH?
II.	e; (2) here No pt befor		in or obout 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exoct facotion)
	hosp natur cept w d (6)	OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Hour)  (APPROX.)  (APPROX.)  (Month) (Doy) (Yeor) (Hour)  (APPROX.)  (Month) (Doy) (Yeor) (Hour)  (APPROX.)		
	any (ex (ex ); an	22. I certify that \$\( \)(this haspital) attended the deceased fram that \$\( \)(we) last saw the deceased alive an \( \)\( \)29	12/27 19 63 to 12 19 65 and that In(my) (30s) apli	129 19 G1 ,
	sed sed pit pit eat ust	and haur and fram the causes stated above. (1) (%) (did) (did not)		23B. DATE SIGNED /
	9 0 0 0		ttending Med. Stoff Phys. 23 D. ADDRESS	12/29/61-
	body was rest (1) An a D.O.A. at a seed prior	23C. PHYSICIAN'S NAME (Type) TWHN C. BUTCER, M.D. M.E	. UNIVERSITY HO	osp.
	D.O.D.O.	Burial 1-3-66 mat autou	was Brooklyn, &	ly, lown, or county) (Stote)
	the bod shows: was D.d decease	JAN 4 1966 (Labert Recitation of Registration of Registration of Recitation of Registration of	Charles a. Riegbb/W;	Barre St
		VS 150_BEV 1/1/45		

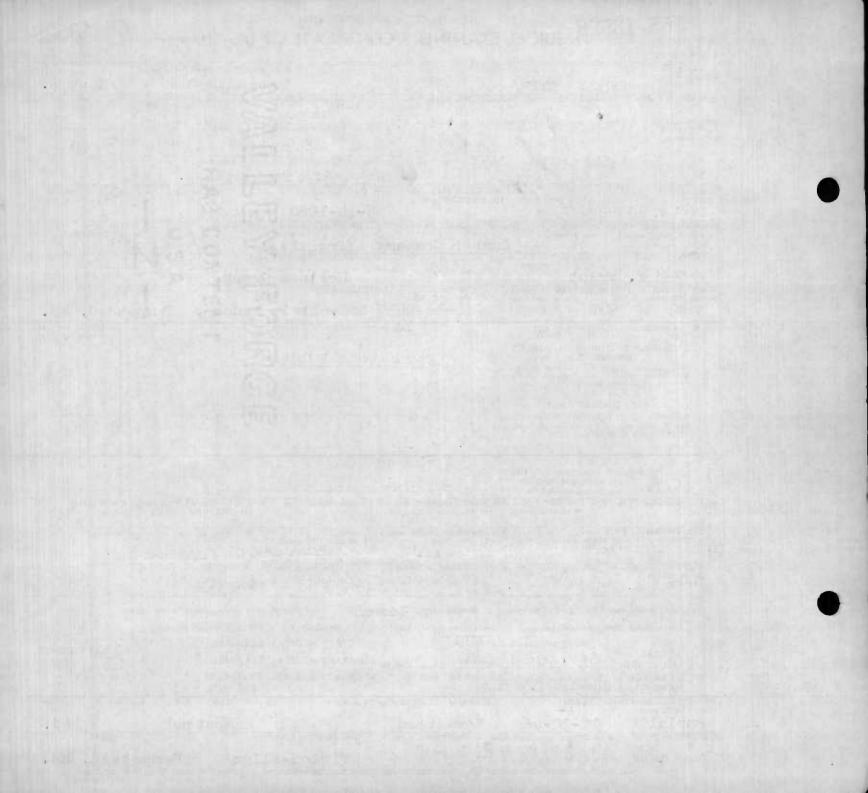
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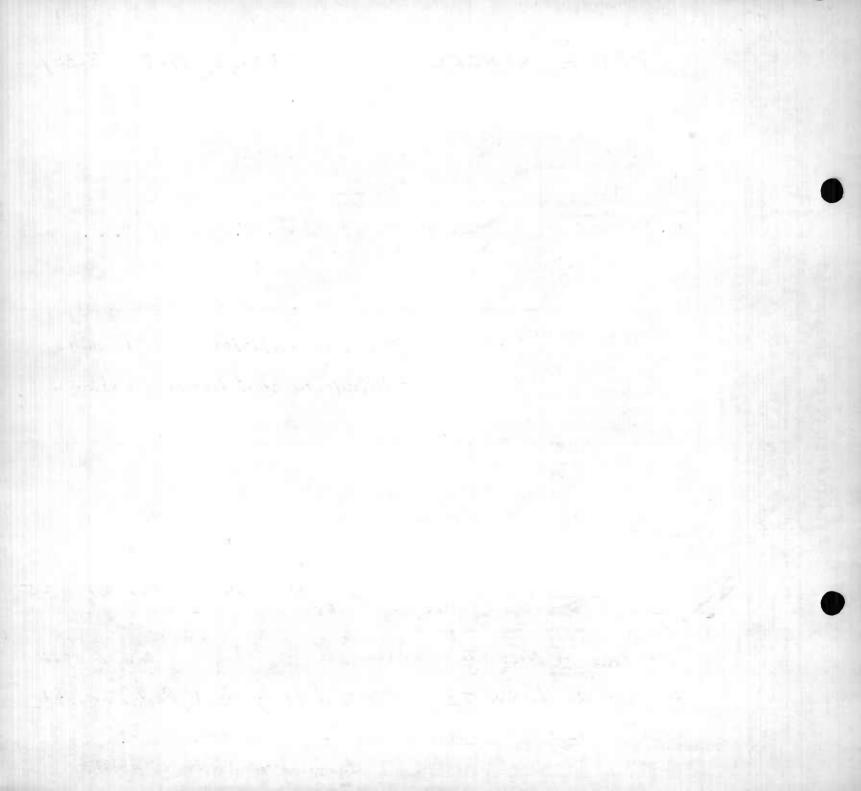
Released on approval



VS 151-REV. 1/1/65

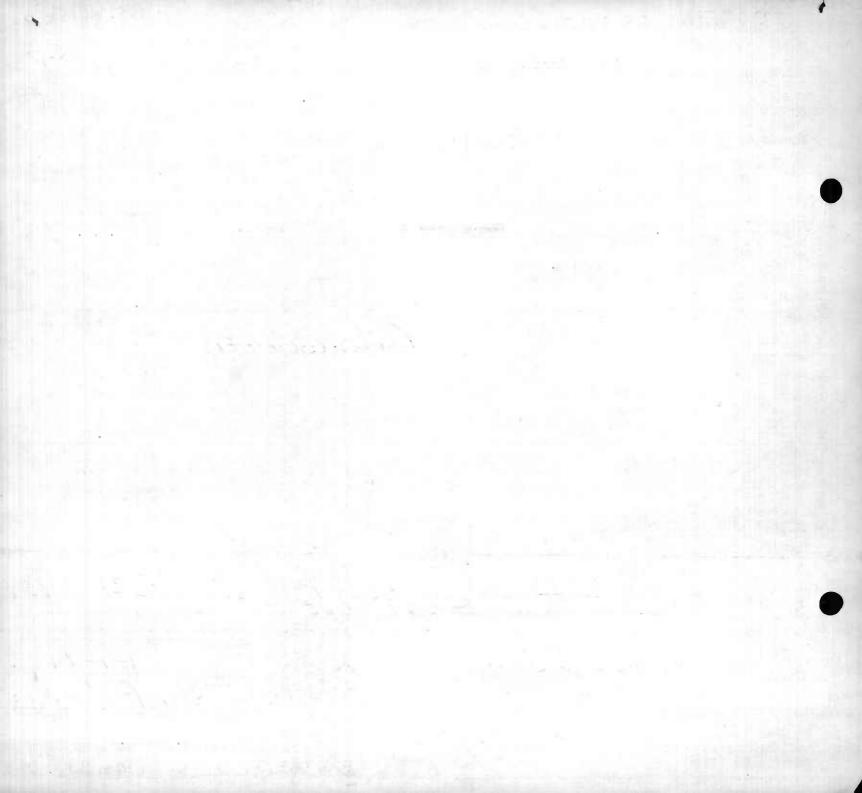
65	13528	CALEN	BALTIMORE CITY HEAL	TH DEPARTMEN	T OF D	FATUR.	65	13528
BIRTH NO.	MEDI	CAL E	KAMINER 3 CI	KIIFICAI	E OF DI	EAIH Registe	red No	2.000
M.E. CASE NO.		1				HOUR PRONOUNCE		H I I I I I I I
(Type at Print)		RENT				ember 1965		10:55 p. M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	5	UNCED DEAD	4. USUAL RESID		ceased lived. Il insti		
			20	A. STATE	vland	B. COU	NTY	4 %
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET			arparate limits, write	RURAL and g	give township)
INSTITUTION		A STATE OF THE STA		Bat	timore		2	0-03
4	Bon Secour He	spital		D. STREET ADDR		ve lacation)		700
/				192	6 Freder	ick Ave.		
5. SEX	6. RACE	7. MARRIED,		B. DATE OF BIRTH		9. AGE (In years	If Under 1	Yr. II Under 24 Hrs.
male	caucasian	WIDO WED,	DIVORCED (specify)	5-14-192	20	last birthday)	Manths Day	A Hours Min.
IOA. USUAL OCC	UPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY			ca untry)	12. CITIZEN	OF
dane during mast of	warking life, even if retired)	Tann	ber Company	Virgin	306	-13,13,	USA	OUNTRY?
13. FATHER'S NAM	ME	Дип	ner company	14. MOTHER'S MA			ODA	
Von	L. Trent	,		Moliv	de Cne	dar		
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	nda Gra	ay	ADDRESS	
Yes, no ar unknown	MN2	s of service)	214-16-0437	Mantes T77	and a Mar	nalanda II.		a wa
J 18.	W W Z.	P1 23 P 1 3 P			rate Ma	nchey ha	-	ad, Md.
DISEA	3.5 TI SE OR CONDITION DI LEADING TO DEATH		4	of DEATH erebral i	njury			TERVAL BETWEEN ISET AND DEATH
heart failure injury or co	nat mean the made al a, asthenia, etc. It means implication which caused of	the disease, death.)	DUE TO					
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST.	NY, GIVING	DUE TO					
<u>Ó</u>			\\\\/	***************************************				
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO T		oholism		*******************************		
19A. DATE OF	F OPERATION 198. CON WAS PERI		WHICH OPERATION	yes		B. IF YES, WERE FIN		
O UNDERLYING	L CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. ha me etc.)	PLACE OF INJURY (e.g., i , farm, factory, street, at Street	ffice bldg, INJURY	OCCUR?	in Baltimare City, giv 26 Frederi		on)
21D TIME OF INJURY (APPROX.) De	(Manth) (Day) (Year ec. 24, 1965		WHILE AT NOT WORK AT WE	VHILE XT fal	w DID INJURY		20	0-03
22. I cer	tify that I held an I			apsy X and	that on this	basis, death In m	y apinlan	
resu	Ited fram: Natural cau	ses A	Acciden Suicide		DICAL EXA	determined manne	or 🗌	
ACTUA SIGNAT		eles J	Very M.D.	ASSISTANT ME				DATE SIGNED
EXAMIN NAME (	NER'S Type) Charles S	S. Pett	y	ASSOCIATE MI	EDICAL EXA	MINER	12	/25/65
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY OF	CREMATORY	23D. LOC	ATION (City,	tawn, or count	(State)
Burial	12-30-	65	Hampstead		H	ampstead		Md.
	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNERA		1	ADD	
JA	IN 4 1966 R	Prest &	Listrick	Tipto	n-Elin	e Ha	mpstes	ad, Md.

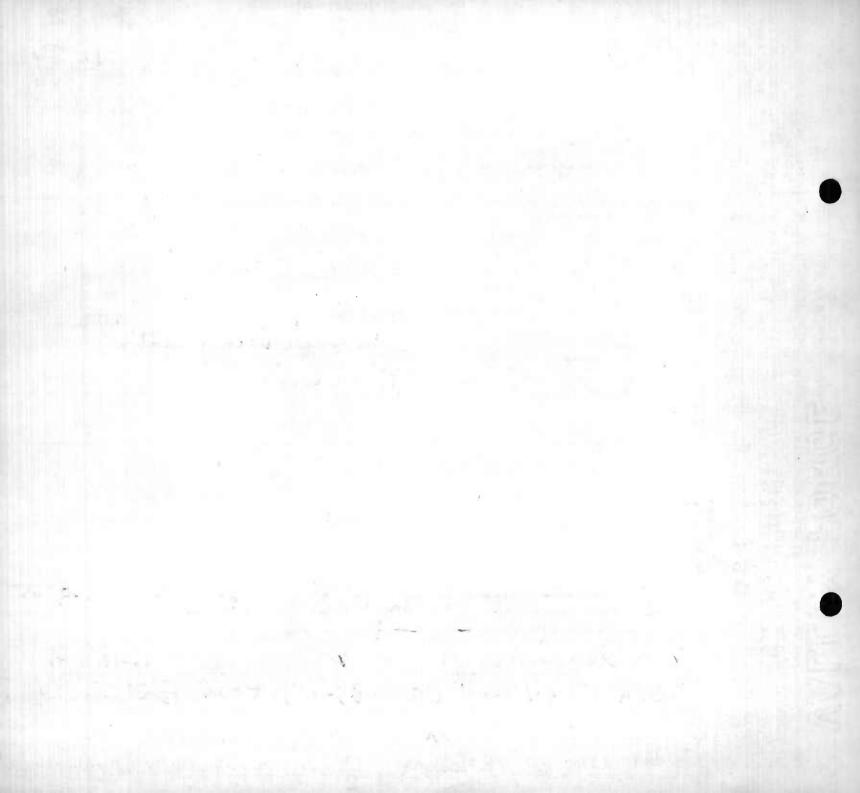




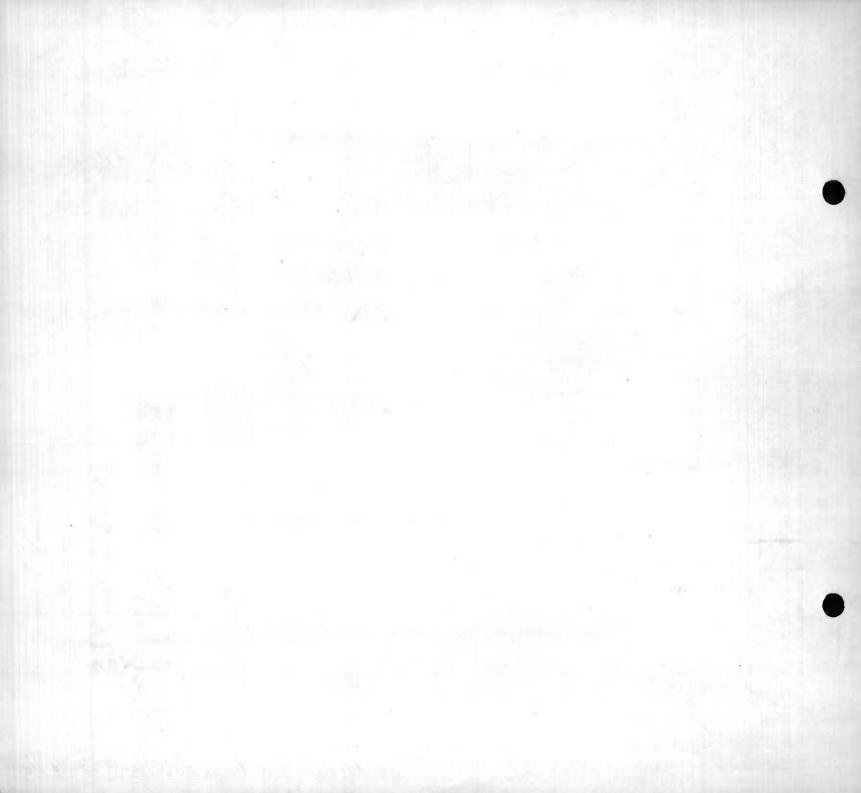
63   NOTH NO. 65 13530		T HEALTH DEPARTMENT	65 13530
n .E	CERTIFICA	ALE OF DEATH	istered No.
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOU	R OF DEATH LO
(Type or Print) STATS	MI	12/80/8	5 800
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND		sed lived. If institution: residence before admissi
		Lala Alla Alla	Dult
FULL NAME OF (If not in hospital or in HOSPITAL OR address or location)	istitution, give street	C. CITY OR TOWN (If outside city	timits, write RURAL and give township)
INSTITUTION		Baltimore	53 700
3	1	D. STREET ADDRESS (If rural, give	ve location)
wahns thatins	Herostal	15122 Alber	AIN ATS
	MARRIED, NEVER MARRIED		(In years   If Under 1 Yr. If Under 24 H Manths Days Hours Min.
K White	WIDOWED, DIVORCED (specify)	8-3-50 lost birt	Monins Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108		Y 11. BIRTHPLACE (State or foreign coun	ity) 12, CITIZEN OF
done during most of working life, even if retired)	0		WHAT COUNTRY?
None	None	14. MOTHER'S MAIDEN NAME	U.S.A.
TAINERS HAME	1	D. I C.	. 1
WARnep STO	KTZ	VAULA JE	lanol
(Yes, no or unknown) (If yes, give wor or doles of	f service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	None	Mr Warnen Stortz 5	122 Alberta Avenue
18. 7 57/ 7 1		OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY	.0 0 1	ONSET AND DEATH
LEADING TO DEATH	(A) C	agent I hoart	Usione Som.
(This does not mean the made of dy heart failure, asthenia, etc. II means the		I Joh VSD clim	ne.
injury ar camplication which caused de		1	
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any		4	
rise to the above cause (A) sto UNDERLYING CONDITION last.	Jing Ine (C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	ZUA. AUTOPSY? (Yes at No.) 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
MAS HADERI VIAS	21R PLACE OF INITIATION	, in or obot 21C. WHERE DID	(If in Boltimore City, give exact location)
OP CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bidg. INJURY OCCUR?	
DEATH (notify medical examiner)			
OF INJURY		21 F. HOW DID INJURY O	CCUR
(APPROX)	While At Not W	rk 🔲	
22. I certify that (1) (this haspital) a	tended the deceased from	19	to 12/30 19 65
that ( (we) lost saw the deceased of	olive on ~ 12/2	2 19 65 and that In(r	ny (aur) or inion death occurred on the
and hour and from the causes stated			
23A SIGNATURE			23B. DATE SIGNED
AK XV	M.D. A	hys. Med. Stoff Phys.	
23C. PHYSICIAN'S		23D. ADDRESS	
23C. PHYSICIAN'S NAME (Type)	JCER M.	1 1	E HER RAITING
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF	DOMO HOLKIN	ON (City, town, or county) (Stot
REMOVAL (Specify)	24C. NAME OF CEMETERY OF	240. LOCATIO	(Sity, 10 Wil, of County) (Stole
Burial 1-3-1965	Parkwood Cemete	ry Balti	hore Co. Md ADDRESS
/L 10EE // //	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	nevel Han 7 400 Be
1 1300 ACA	RELU C. TUNDOG	dussal The	nevel / ram Bor
VS 150-REV. 1/1/65	76500	out and	ne ne

Constitute VSD element CE 121 00 12/20 Johns Hormus Hose Byer einel

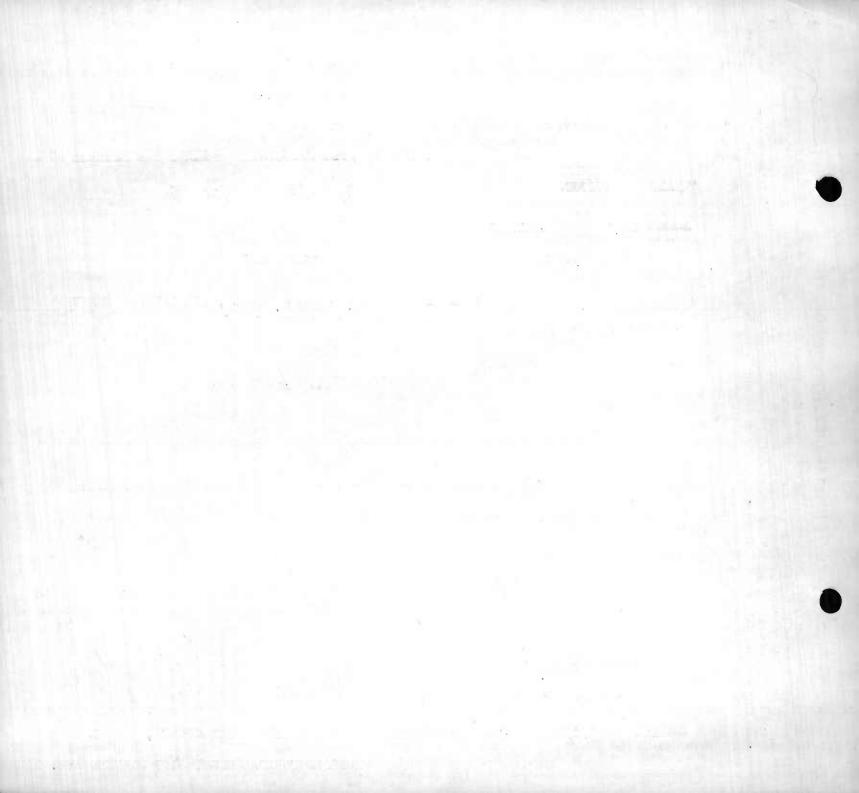




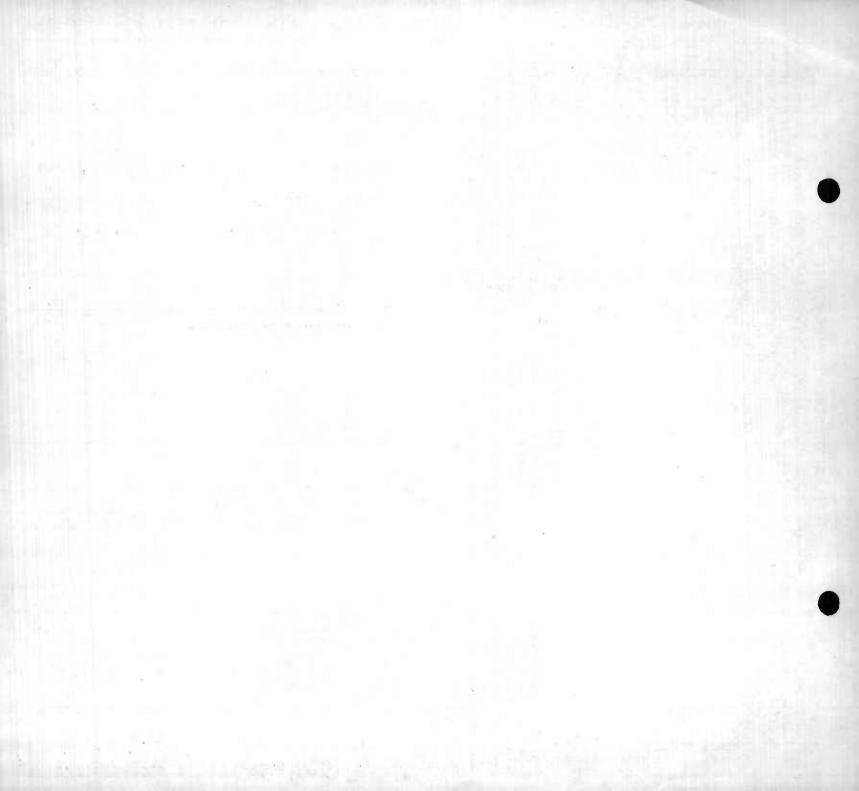
12.21	BALTIMORE CITY HEALTH DEPARTMENT X 65 42500
20020	BIRTH NO. 65 13533 CERTIFICATE OF DEATH Registered No. 65 13533
of death of death Deceased e on the	M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
- De de	(Type or Print) GERTRUDE B. ORZECH DEC. 30, 1965 11 P.
at Contract	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmis  A. STATE  B. COUNTY
hospi se o (5) D ance deat	FULL NAME OF (If not in hospital or instilution, give street  HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and dive township)
3 0	INSTITUTION INSTITUTION
cause atten rior to	HARFORD CONVALESCENT D. STREET ADDRESS (If rurol, give location)
e e	HOME BORS WOODSIDE AVE.
made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Months Doys Hours Mi
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	HOUSEWIFE GERMANY U.S.A.
	P. Fassert Tiliania Hoss
	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	18. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	(A) A Nevisable of Cardio Veneular Virtuse Several Plan  (This does not mean the mode of dying, e.g.,  DUE TO
	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)
	ANTECEDENT CALISES (B)
	DISEASES OR CONDITIONS, if any, giving
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last,
V	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CALLER OF
	DEATH (notify medical examiner) etc.)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
	Work At Work
	D000-40 70 165
)	The state of the s
	and hour and from the causes stated above. (I) (Ma) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATI SIGNED
	By Med. Stoff Phys. 3, 6
	PHYSICIAN'S 23D. ADDRESS
	NAME (Type) Law M. Zimmerman M.D. 3202 Harford R& Baltimere M
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Sto
	BURIAL 1-3-1966 SCHWARTZ CEM. BAITIMORE. MD.
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS
	THE SALE TONE SALE TO SEE SALE TO SEE SALE TO SEE SALE TO
	VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

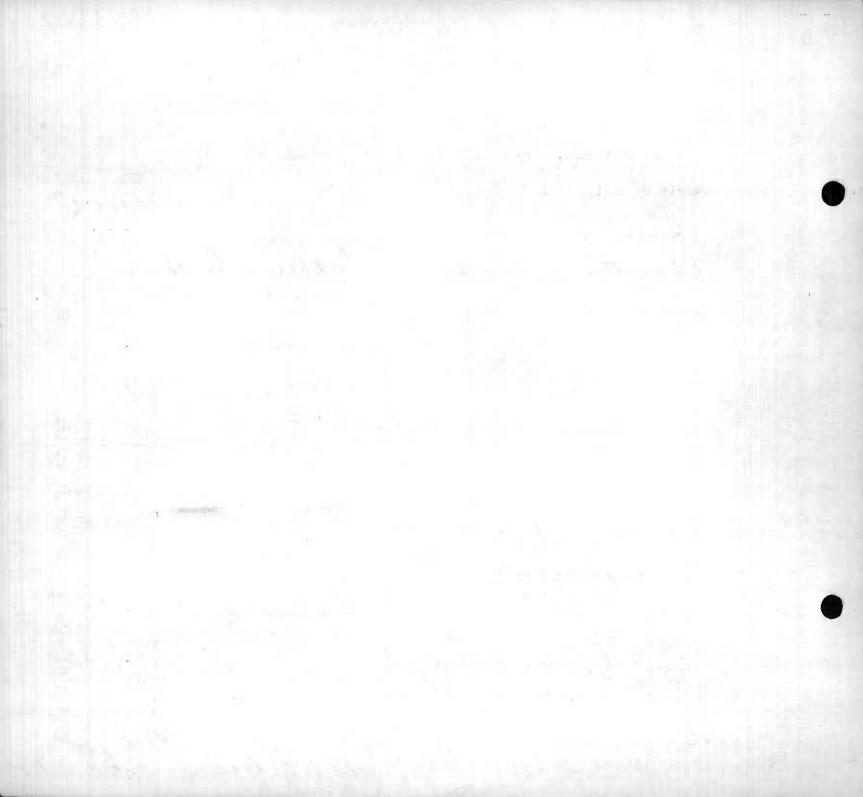


		65 1353	35	CERTIF	FICATE			Registered N	. 65	135	35
1. N	AME OF DE	CEASED					2. DATE AN	HOUR OF DEAT	Н		
{Тур	e or Print)	Helen H	They			December 30, 1965  4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission a. STATE  B. COUNTY					Μ.
3. P	LACE OF D	Helen H.	RE, MARYLAND	)	4.	USUAL RES	IDENCE (Where	deceased lived. N	institution: resid	lence before	e odmission)
ŀ	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION					Mary	land	side city limits, writ	15	-/	0
7	113111011011					Balt	imore				
1	The H	laven Nur	sing Ho	ome	D.	STREET AD	DRESS (if r	urol, give location)			
						3930	Penhin	est Ave.	21215		
5. S	EX	6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (spe	eify) 8. E	DATE OF BI	RTH 9	ost birthdoy)	If Under 1 Months: Do	Yr. If Ur	nder 24 Hrs.
Fe	emale	White		ingle		ril.3					
IOA	USUAL OC	CUPATION (Give kind	of work 108, KII	ND OF BUSINESS OR IN	DUSTRY IT.	BIRTHPLAC	E (Stole or foreig	in conflish	12. CITIZEN	COUNTRY	,
oon	e during most o	of working life, even if		d's Bakery		Balt	imore 1	40.		S.A.	
13.	FATHER'S NA	AME	1	D Daniel y			MAIDEN NAM		0.	D + 27.4	
		am Eney					lle Tui				
15 '			1 6 2	11 4 60 51 11						DDDTT	
(Yes	no or unknov	vn) (If yes, give wor	or dotes of se	vice) 1 6. SOCIAL SECURITY NO	5.	INFORMAN		471	+O Brad	Ley E	Blvd.
1	lo	Tron U			M	rs. R	oy Bona	avita-Che	evy Cha	se. N	ld.200
	18. 7/5	001		CA	USE OF D	EATH			IN1	TERVAL BE	TWEEN
	DISE	ASE OR CONDITIO	ON DIRECTLY		6	/.	-	1	ON	ISET AND	DEATH
		LEADING TO D		(4)	3 1	Mely	milier	Vege			
	(This does	not meon the me	ode of dying,	e.g., DUE	TO	1		/ //		*************	000000000000000000000000000000000000000
		mplication which			91		0 06	2 / 12	0		_
		ANTECEDENT C	AUSES	(B)	- Pdes	-fra	Cert (	Erleres	elem		
	DISEASES	OR CONDITIONS	S, if ony,	DUE	10						
	rise lo l	he obove couse	(A) sloling								
	UNDERLYIN	NG CONDITION IS	osi.								
ERTIFICATION	TO THE	NIFICANT CONDITI	T RELATED T								
CA		R CONDITION CAL	& CONDITION	FOR WHICH OPERATIO	N	20 A. AUTOF	PSY? (Yes or No)	208. IF YES, WEE	E FINDINGS CO	ONSIDERED	)
TIE	^	W	AS PERFORMED					IN CERTIFYING	CAUSES OF DE	ATH?	
CER	21 A. ACCID	ENT WAS UNDERL	YING	218 PLACE OF INJUR	RY (e.g., in or	obout 21 C. V	WHERE DID	(If in Boltin	nore City, give e	xoct locolic	on)
AL	OR CONTRI	ENT WAS UNDERLE	OF	21 & PLACE OF INJUR home, form, foctory, s	street, office	bldg., INJU	RY OCCUR?				
U						0.1 8	Later are more				
MEDI	OF INJURY	(Month) (Doy)	(feor) (Hour			21F. F	JENI DID MOF	JRT OCCUR?			
<	(APPROX.)				Not While						
	22. I certif	y that (1) (this ho	ospital) atten	ded the deceased fra	m H.	Some /	1	9 42 to 1	ev 30		1965
		e) last saw the de		No Out		3019 63		it in (my) (our) o	ninian death		
									ipinian aeath	accorred .	on the oute
			es stated abo	ve. (I) (We) (did) (did	not) view	the bady	atter deoth.		(1000 - 000	el en la c	
	23A. SIGNAT		e 1	66-11	D A ** #*-		Mad —	Stoll -	238. DATE	DIGNED	-
		ow 52	a H	1) Do7 / M.	D. Attendin	18		Stoff Phys.	120	11- 6	05
	23C. PHYSIC NAME	IAN'S	L	11-	23 D.	ADDRESS	01	1/ 7	5/2		
	1	NXME	4 (/	(Chal)	M.D. 4	509:	Littely	Meshy	Cor		
24A	BURIAL CE	REMATION, 248. D.	ATE 2	AC. NAME OF CEMETER	Y or CREMA	TORY	24D. LC	CATION	(City, town, or c	county)	(Stote)
	REMOVAL	(Specily)	,		-		J	J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	Buri		/1966	Loudon Par		1	Ba	ltimore	Md.		
25A	. DATE REC'	D BY HEALTH DEP	25B. N	AME OF REGISTRAR	X	25C. FUNE	PAL DIRECTOR	V450	04 Ridg	38889	l Ave.
		JAN 4 13	NO OC. S	and E Britishey	PAR IS	MAM	1/20mm	will !	altimor	e, Md.	.21215
S	150-REV. 1/1	/65			-	6.00	्र विक्रम् विक्रम्				



BALTIMORE CITY HEALTH DEPARTMENT

NAME OF TAXABLE ASSESSMENT OF PARTY. More colours man her years 2 20 20 20 Charles Acres A Torrest 14.61960 BALTINESS MICH.



....

23C. NAME of CEMETERY or CREMATORY

Mound Cem.

248, NAME OF REGISTRAR

23D. LOCATION

Penna

amsport 124C. FUNERAL DIRECTOR

(Stote)

(City, town, or county)

ADDRESS

illiamsport, Penna.

23A. BURIAL CREMATION.

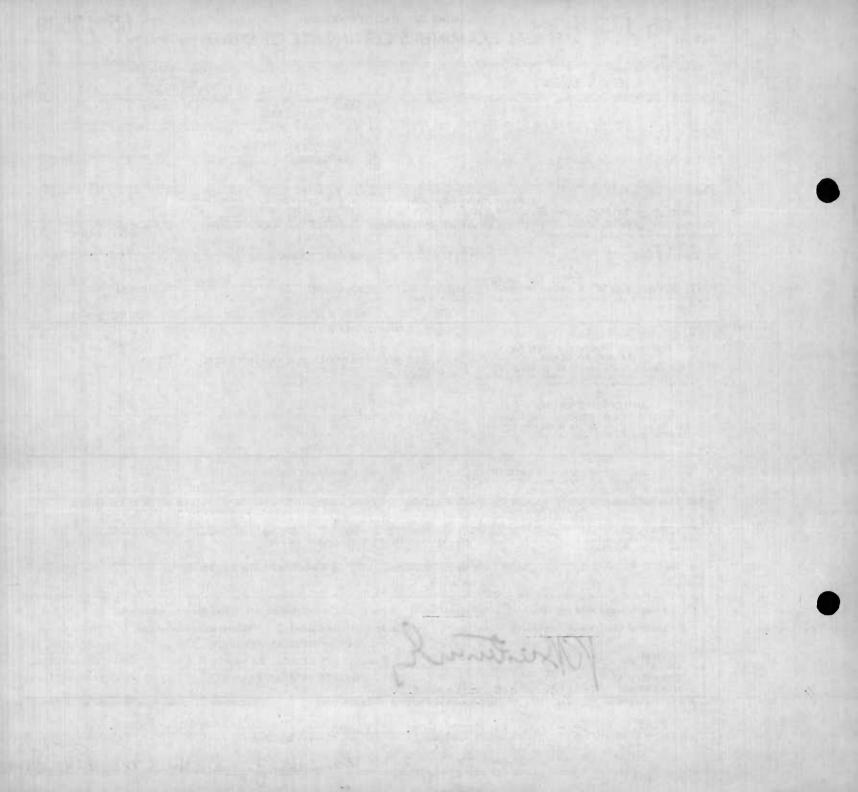
Burial

24A. DATE REC'D BY HEALTH DEPT.

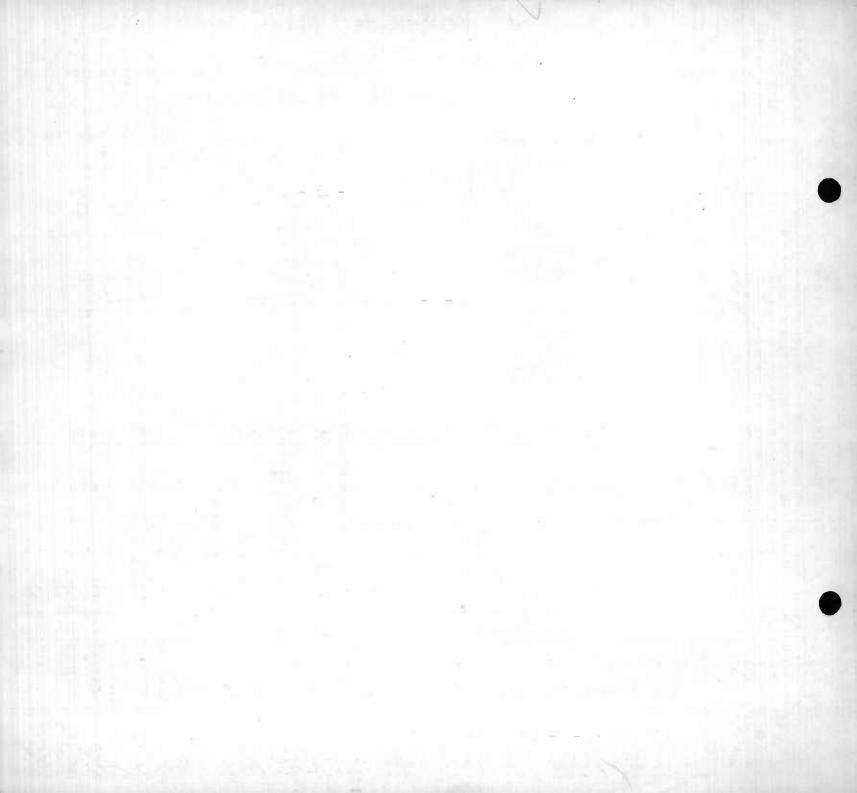
REMOVAL (Specify)

VS 151-REV. 1/1/65

23B. DATE



1,	NAME OF DECEASED  Pope or Print)  Blanche C. Purnell	2. DATE AND HOUR OF DEATH  31 Dic 65 9 30				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where docosed lived. If institution; residence before A. STATE B. COUNTY				
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or facotion) INSTITUTION	Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township				
70	Wesley Home, Incorporated	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  2211 West Rogers Avenue 9				
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Yr. If Under 1 Yr. Hours 9 - 13 - 1890 75				
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ine during most of working life, even if retired)  Homemaker	Crisfield, Maryland				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	John Lawson	Margaret Daugherty				
	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 21.8652-3555	Wesley Home same address as above				
	(This does not mean the mode all dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar camplicotian which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	uojua ling with speletal				
NOITA CIBITAR	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
14.0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Boltimore City, give exact location office bldg., INJURY OCCUR?				
AAEDI	Work At Work					
	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost saw the deceased alive on the courses stated above. (1) (We) (did) (did not) was SIGNATURE.					
	folia N / Darualy M.D. Att	tending Med. Stoff				
	23C (PHYS/CIAM'S NAME (Typp)	15318 North Ore Bathening Md 21213				
0.	TOHNW DARNABY M.D.	The state of the s				
24	ADHN W DA RHABY  M.D.  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR  REMOVAL (Specify)					
	TOHNW DARNABY M.D.					

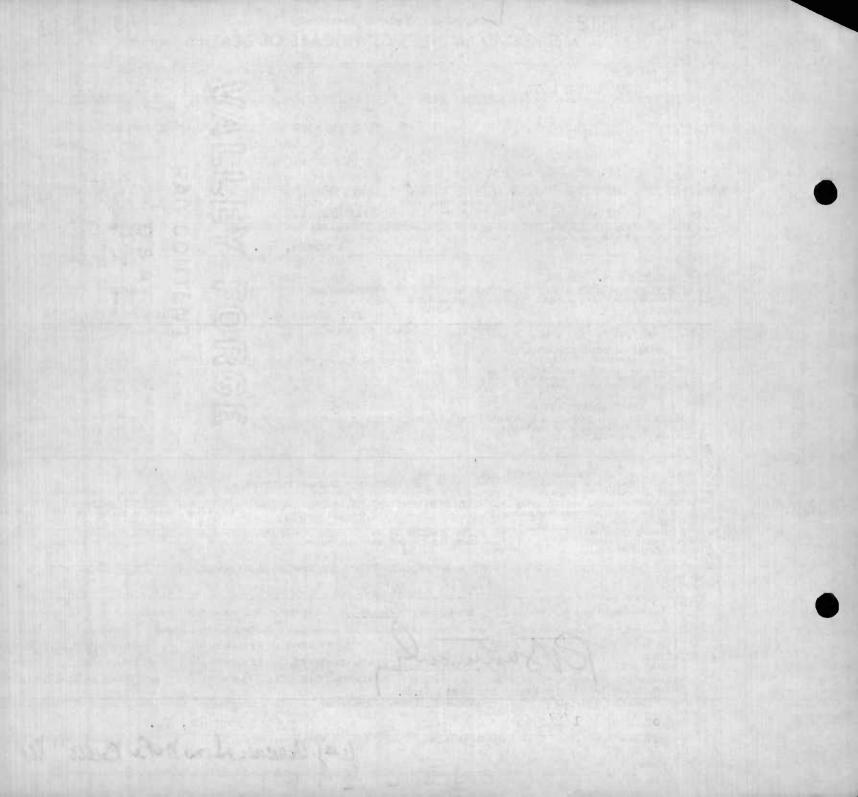


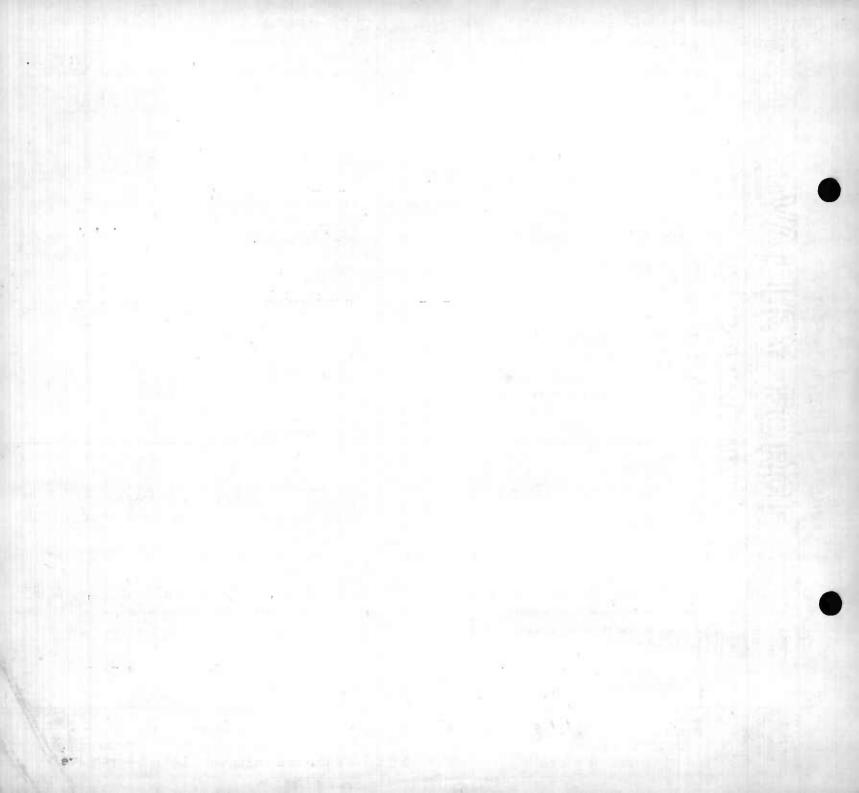
IMPORTANT

FUNERAL DIRECTOR:



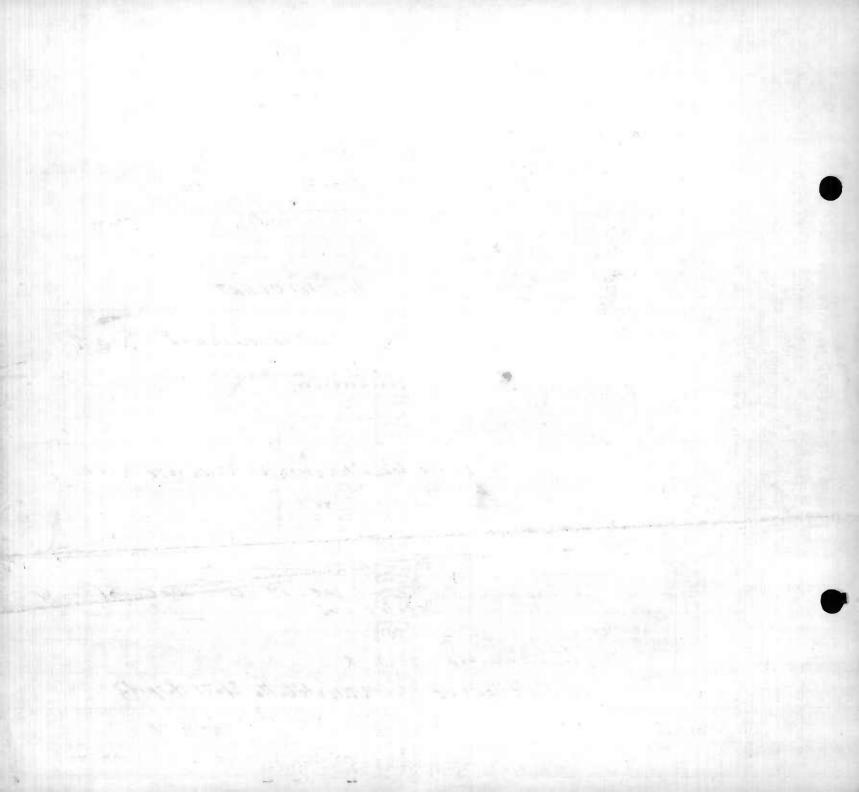
1. NAME	OF DECEASED				2. DATE AND H	OUR PRONOUNC	ED DEAD	
Type or I	ALMA REESI	E DOYLE		December 31, 1965 7:00 A				
3. PLACE	IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY					
FULL NA	ME OF (IF NOT IN I	HOSPITAL OR INSTI	Mar	yland				
HOSPITAL	OR ADDRESS OF	R LOCATION)		timore	rporote limits, write	2 O	give township)	
00	226 S.	Ann Stree	t	D. STREET ADDR		e lacation) Street	21.2	231
5. SEX fema	6. RACE	WIDO WED	D, NEVER MARRIED , DIVORCED(specify) rried	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 Hrs. oys Hours Min.
	L OCCUPATION (Give kind most of working life, even if		OF BUSINESS OR INDUST	RY 11. BIRTHPLACE		ountry)	12. CITIZEN WHAT	OF COUNTRY?
13. FATHE				14. MOTHER'S M.		113.50		
	Charles H. Ree	ese			Harper			
	eceased ever IN U.S. onknown) (If yes, give war		SECURITY NO. None	Mrs. Anni	le M. Ree	se Ro	anoke,	Virginia
hec	s daes nat meon the m rt failure, osthenio, etc. It ry ar camplication which c	t means the discose	DUE TO					
CATION	ANTECENDENT EASES OR CONDITION TO THE ABOVE CAUSE DERLYING CONDITION  II HER SIGNIFICANT COND THE DEATH BUT N	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.	(B) DUE TO (C)	onary tube	culosis			
TIPICATION OIL	ANTECENDENT  EASES OR CONDITION  TO THE ABOVE CAUSE DERLYING CONDITION  II  HER SIGNIFICANT COND  THE DEATH BUT N  EASE OR CONDITION C.	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.  ITIONS CONTRIBUT OUT RELATED TO AUSING IT.	(c)	onary tuber	(Yes at No) 20B	. IF YES, WERE FI		
EDICAL CERTIFICATION ON TO STATE OF STA	ANTECENDENT  EASES OR CONDITION  TO THE ABOVE CAUSE DERLYING CONDITION  II  HER SIGNIFICANT COND  THE DEATH BUT N  EASE OR CONDITION C.	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.  INTIONS CONTRIBUT OUT RELATED TO AUSING IT. B. CONDITION FOR AS PERFORMED	(B)	20A. AUTOPSYT	(Yes or No) 208.	yes	SES OF DEA	TH?
MEDICAL CERTIFICATION NIT O TO	ANTECENDENT  EASES OR CONDITION  TO THE ABOVE CAUSE DERLYING CONDITION  HER SIGNIFICANT COND THE DEATH BUT N EASE OR CONDITION C  ATE OF OPERATION 19 W  EXTERNAL CAUSE WAS RLYING OR CONTRIB- C CAUSE OF DEATH.	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.  ITIONS CONTRIBUTION RELATED TO AUSING IT. B. CONDITION FOR AS PERFORMED  218 hor etc	CO	20A. AUTOPSY' yes-part	(Yes or No) 208.	Yes Boltimore City, gi	SES OF DEA	TH?
MEDICAL CERTIFICATION  OUT OF 10 OLD	ANTECENDENT  EASES OR CONDITION  TO THE ABOVE CAUSE DERLYING CONDITION  HER SIGNIFICANT COND THE DEATH BUT N EASE OR CONDITION C.  PATE OF OPERATION 19 WEXTERNAL CAUSE WAS RLYING OR CONTRIB- C	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.  ITIONS CONTRIBUT OUT RELATED TO AUSING IT. B. CONDITION FOR AS PERFORMED  (Year) (Hour)  m. an Inquiry	ING THE PULM  R WHICH OPERATION  R PLACE OF INJURY (e.g. me, form, foctory, street, while at a not work work a part of the properties of t	yes-part yes-part yes-part yes-part yes-part yes-part zero bidg, injury zero bidg, injury zero bidg, injury article bidg, injury articl	(Yes or No) 20R Lial IN HERE DID (If in OCCUR?	CERTIFYING CAU YES Baltimore City, gi	ive exect loca	TH?
MEDICAL CERTIFICATION	ANTECENDENT  EASES OR CONDITION  TO THE ABOVE CAUSE DERLYING CONDITION  HER SIGNIFICANT COND THE DEATH BUT N EASE OR CONDITION C.  PATE OF OPERATION 19 W  EXTERNAL CAUSE WAS CONTRIB- CAUSE OF DEATH.  TIME (Month) (Doy)  I certify that I held resulted from: Nature	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.  ITIONS CONTRIBUT OUT RELATED TO AUSING IT. B. CONDITION FOR AS PERFORMED  (Year) (Hour)  m. an Inquiry	ING THE Pulm  R WHICH OPERATION  R. PLACE OF INJURY (e.g., form, foctory, street, and the control of the contro	yes-part yes-part yes-part office bldg, INJURY 21F. HC	(Yes or No) 20B.  ial IN  HERE DID (If in  OCCUR?  W DID INJURY  that an this b	CERTIFYING CAU YES Baltimore City, gi	ive exect loca	TH?
WEDICATION OLD IN (APPR	ANTECENDENT  EASES OR CONDITION  TO THE ABOVE CAUSE DERLYING CONDITION  HER SIGNIFICANT COND THE DEATH BUT N EASE OR CONDITION C.  TATE OF OPERATION 19 W EXTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.  IMPERIOR (Month) (Doy) I certify that I held resulted from: Natural  CCTUAL IGNATURE  EXAMINER'S	CAUSES IS, IF ANY, GIVING E (A) STATING THE LAST.  INTIONS CONTRIBUTION FOR AUSING IT. B. CONDITION FOR AS PERFORMED  (Year) (Hour)  In Inquiry Interpretation of the courses X	ING THE PULM  R WHICH OPERATION  R PLACE OF INJURY (e.g. me, form, foctory, street, while at a not work work a part of the properties of t	20A. AUTOPSY!  yes-part  office bldg., NJURY  DOWN THE	(Yes or No) 20B Lial IN HERE DID (If in OCCUR?  W DID INJURY  that an this b In Und EDICAL EXAM	OCCUR?	ive exect loca	otian)





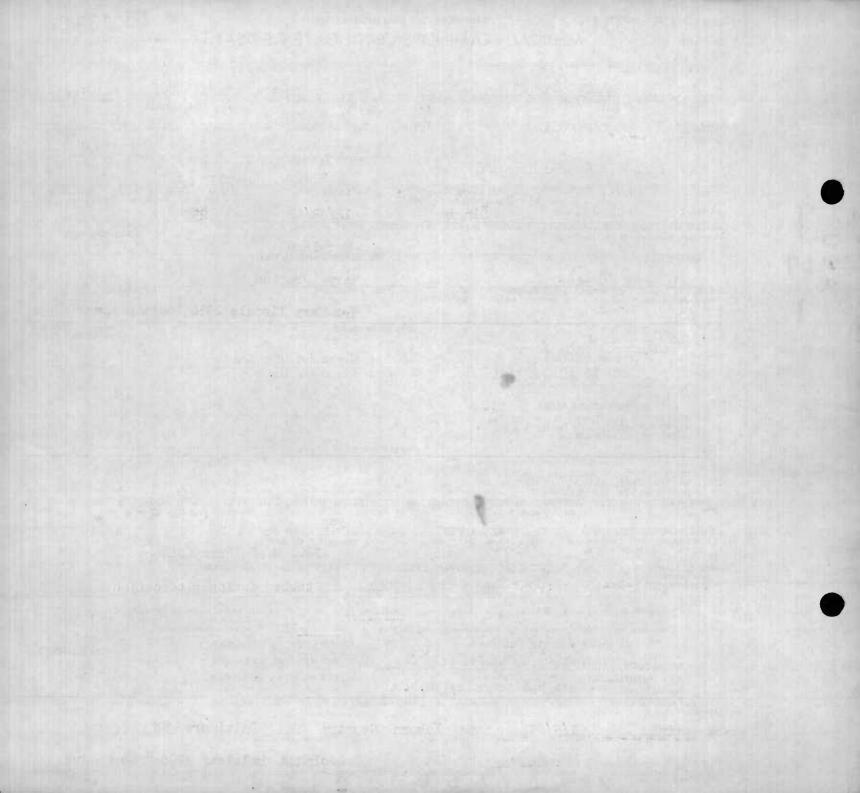
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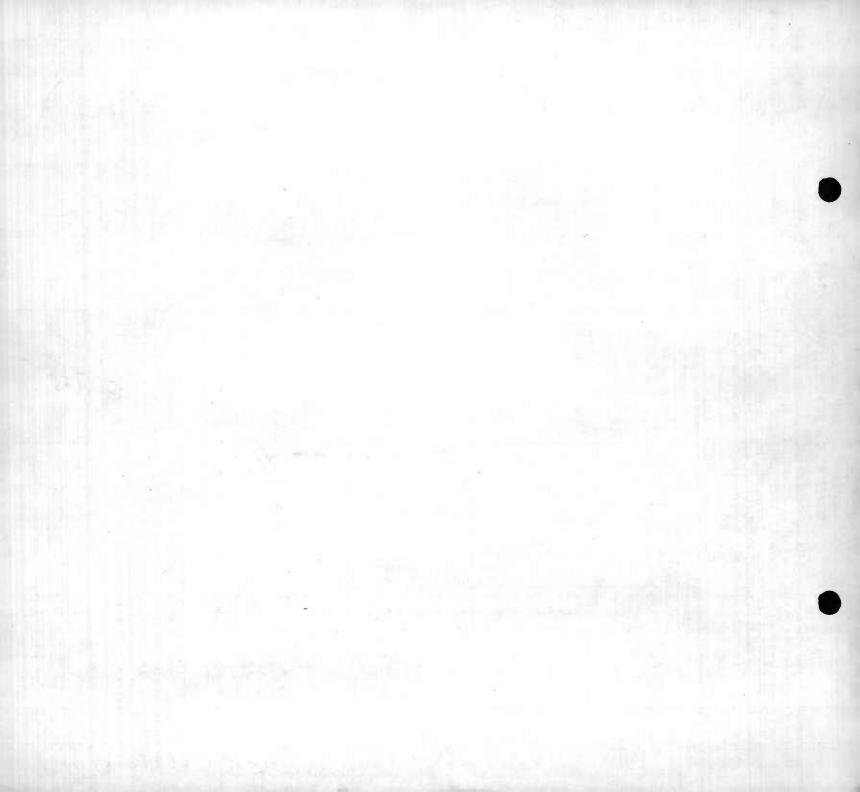


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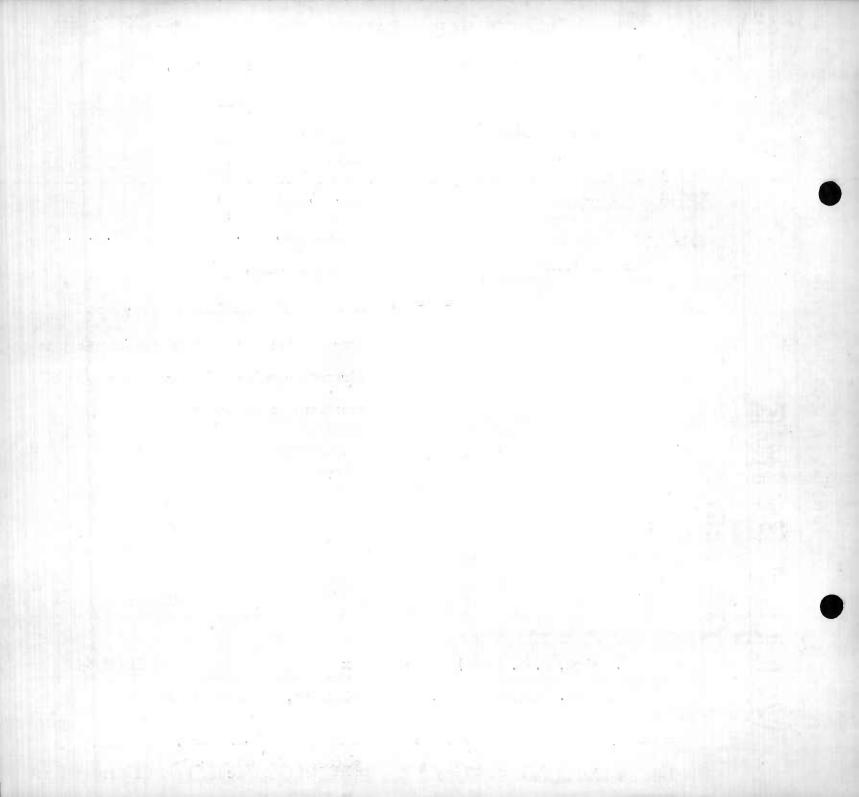
81 R	TH NO.	WEDI	CALEX	AMINER'S C	EKTIFICA	IE OF	DEATH Registe	red No	
M.	E. CASE NO.								
l. (Ty	NAME OF DEC	C.	DWID				ID HOUR PRONOUNCE		
3. 1	LACE IN BALT	WALTER CA		NCED DEAD	December 31, 1965   10:45 P M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland				
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore				
1	Fra	nnklin Square	Hospita	al	D. STREET ADDRESS (If rurol, give locotion) 2001 W. Mulberry St.				
5. s	ale	6. RACE negro	WIDO WED,	NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
toA	USUAL OCCU	<u> </u>		Single BUSINESS OR INDUSTR	Total I	(State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM	NE .			Mary]		E Ki	004	
15	Walter	E C rter	EORGES?	16. SOCIAL	Mary 17. INFORMANT	Preston		ADDRESS	
	, no or unknown	If yes, give wor or date		SECURITY NO.			lale 2814 Bos		
	no	03./		CAUSE	OF DEATH	119 1150	MIC 2014 DOG	INTERVAL BETWEEN	
CERTIFICATION	DISEASES O	not meen the mode of osthenio, etc. It meens mplication which coused with the course of the course o	the disc se, deoth.)  S  NY, GIVING TATING THE  CONTRIBUTINA A TED TO TI	(B) DUE TO (CI	ve chest ab wound	of back			
	19A. DATE OF	WAS PER	FORMED	WHICH OPERATION	yes		IN CERTIFYING CAUS		
MEDICAL	UNDERLYING	CAUSE WAS FOR CONTRIB- SE OF DEATH.	21 B. I home, etc.1	home	office bldg., INJUI	RY OCCUR?	(If in Boltimore City, given Mulberry Str		
_	OF INJURY (APPROX.)	(Month) (Doyl (Year 2-31-65 10:	00 P W	/HILE AT NOT AT W	District Control	tabbed	un occun during alter	cation	
		ify that I held on I	nquiry 🗌		topsy X a		is bosis, death in m		
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-									
	OVAL (Specify		236	C. NAME OF CEMETERY	or CREMATORY	23D. L	OCATION (City,	town, or countyl (Statel	
24/	Burial A. DATE REC'D		65 248 NAME	Mt Auburn OF REGISTRAR	Cemetry 24C. FUNE	RAL DIRECTOR	Baltimore M	ADDRESS	
		JAN 4 1968	11000	L.M.A.	Adol	phus H	alstead 1206	North Ave	



and	uc annoel 1 11	Ud,	BALTIMORE CITY	HEALTH DEPARTMENT		05 10510
BIRTH NO.	65 13546	Cur	CERTIFICA	TE OF DEATH	Registered No.	65 13546
M.E. CASE NO.	CEASED			2. DATE AN	D HOUR OF DEATH	3/
(Type or Print)	abert Wi	lliams	Kenned	y Ur. 28	Dec. 196	51 10A
PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission
FULL NAME	OF (If not in hospital	or institution, a	ve streat	ma	Jan and Da	00
HOSPITAL OF		on)		C. CITY OR TOWN (If out	side city limits, write I	URAL ond give township)
					Glan	Burnie
11.	versity	Hospit	0	D. STREET ADDRESS (III	ural, give location)	
	,				mpson 1-	re
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)		ast birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Haurs Min.
Male	Negro	Never	Married	4-6-60	-	3 22
	CUPATION (Give kind of wor of warking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Tul	-t-			Mary land	L	DZU
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	A E	
Roba	+ W. 1	Semo	du Sr.	Ton	0.100	
5. Was Decease	ed Ever in U. S. Armed Fe	rces?	1 6. SOCIAL	17. INFORMANT	000	ADDRESS
Yes, no or unknov	vn) (If yes, give war or dat	es of service)	SECURITY NO.	CO. A	- F.10	
No				Consuc	1 of han	
18.59	4X		CAUSE O	F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH		S	0 F:1		3/1
(This does	nal mean the made of		DUE TO	max 1 all v		36 7
	e, aslhenia, etc. Il means implication which caused			0		0.41
,	ANTECEDENT CAUSES		(B) Kac	sel tuning	Grephritis	Bull.
DISEASES	OR CONDITIONS, if		DUE TO	0	1	
rise la l	he above cause (A)		(C)			
UNDERLYIN	G CONDITION last.				,	
Z 071147 4151	11	CONTRIBUTION	Subdu	nal money	usear	
E TO THE	NIFICANT CONDITIONS ( DEATH BUT NOT REL	ATED TO THE		1101 + 10	a Aust	Busin
U 19A DATE C	R CONDITION CAUSING OF OPERATION 198. CON		HICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES WEEE E	INDINGS CONSIDERED
0 -	WAS PER	REPORMED		20 No. 101. 1103 01 110	IN CERTIFYING CAL	ISES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING		PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRI	SUTING CAUSE OF	home	, farm, foctory, street, of	ffice bldg., INJURY OCCUR?		
U	(Month) (Day) (Year)	10	INJURY OCCURRED	21F. HOW DID INJ	Inv Occum	
S OF INJURY	(William) (Day) (190)		e At Not Whil		JRY OCCUR:	
(APPROX.)		Work	At Work			
22. I certif	y that 👣 (this hospita	1) attended the	e deceased from	o October 1	965 10 28	Dec. 1965
that ( we	) lost saw the decease	ed alive an	28 Rec	19 65 and the	it in (aur) apir	nian death accurred an the da
			****			
and haur a	nd from the causes sta	ited above. (1)	(We) (did) (did=ware) v	riew the bady after death.		
and have at	und from the causes sta	ited above.	(We) (did) (did=net) v	riew the bady after death.		23B. DATE SIGNED
		R I	M.D. Atte	and and an	Stoff X	
23A. SIGNAT	word 1	Ru	Atte	and and an	Staff Phys.	28 Dec 1965
	word 1	Rul	M.D. Atte	ending Med. S. Director	Staff Phys.	
23A. SIGNAT	ure  word  AMS  (Type)  Award  T	- Rul	M.D. Atte	onding Med. S. Director 23D. ADDRESS	o Sp	28 Dec 1965
23A. SIGNAT	INFE  AMS (AMS) (A	- Rul	M.D. Atte	onding Med. S. Director 23D. ADDRESS	O Sp	
23A. SIGNAT 23C. PHYSICI NAME 24A. BURIAL CR 85MOVAL	AN'S (Type)  Award  EMATION, 24B. DATE (Specify  A 23/-	Rul 24C.NA	M.D. Atte	ending Med. s. Med. Director  23D. ADDRESS  Vin. H  EMATORY  Matternal  Matternal	o Sp	28 Dec 1965 y, town, or county) (Stote)
23C. PHYSICI NAME	INTS  AN'S  LEMATION, 24B. DATE  (Specify  D BY HEALTH, DEPT.	Rul 24C.NA	M.D. Atte	onding Med. S. Director 23D. ADDRESS	o Sp	28 Dec 1965
23A. SIGNAT 23C. PHYSICI NAME 24A. BURIAL CR REMOVAL	AN'S (Type)  AN'S	Rul 24C.NA	M.D. Atte	ending Med. s. Med. Director  23D. ADDRESS  Vin. H  EMATORY  Matternal  Matternal	o Sp	28 Dec 1965 y, town, or county) (Stote)



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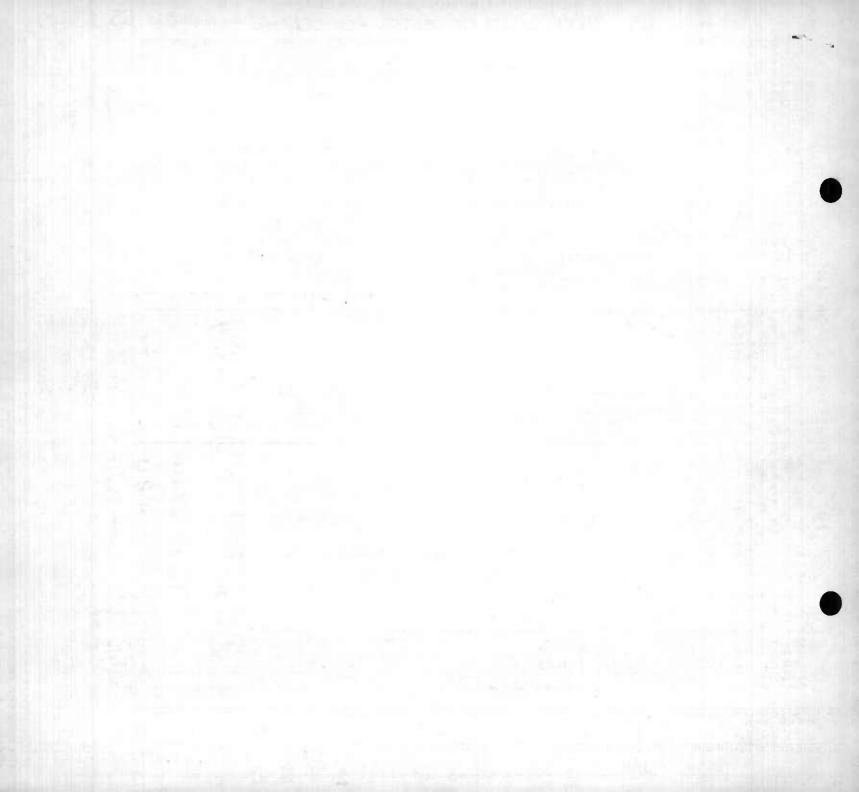
7/17/16 49 M GANGASAND M 0140 430 BARBER STOKE MILLIE MC KINLEY FLOXD ABELL DAK MOW W W CHARLOW CHART URE 141 A CONGRANTIAL POLYCYSTIC KIPPERS (BILATERAL) Charles En Moung Or Dell

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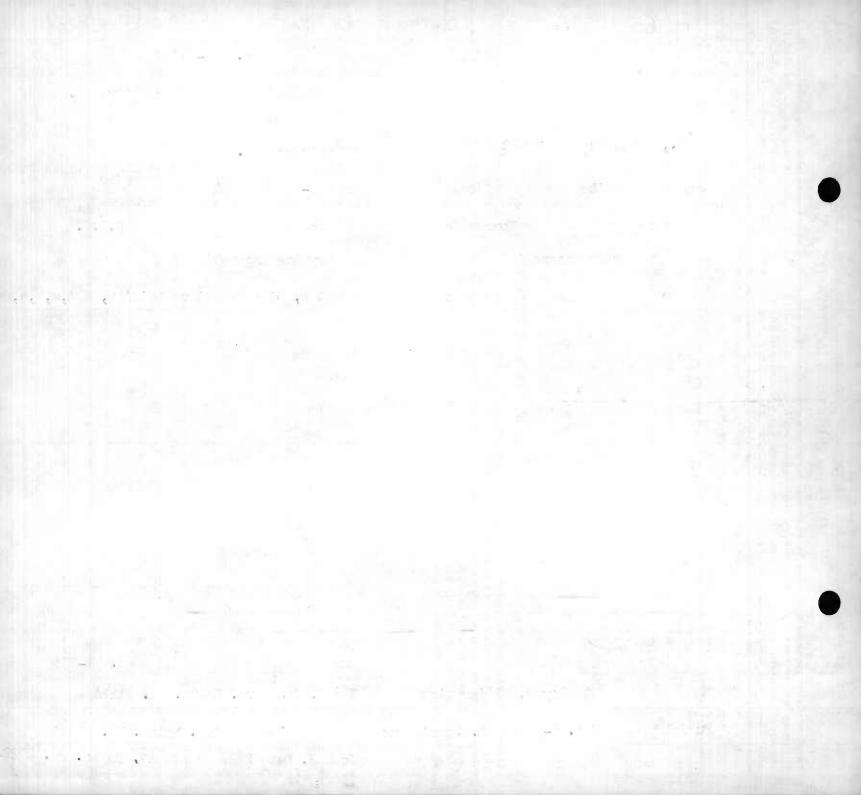
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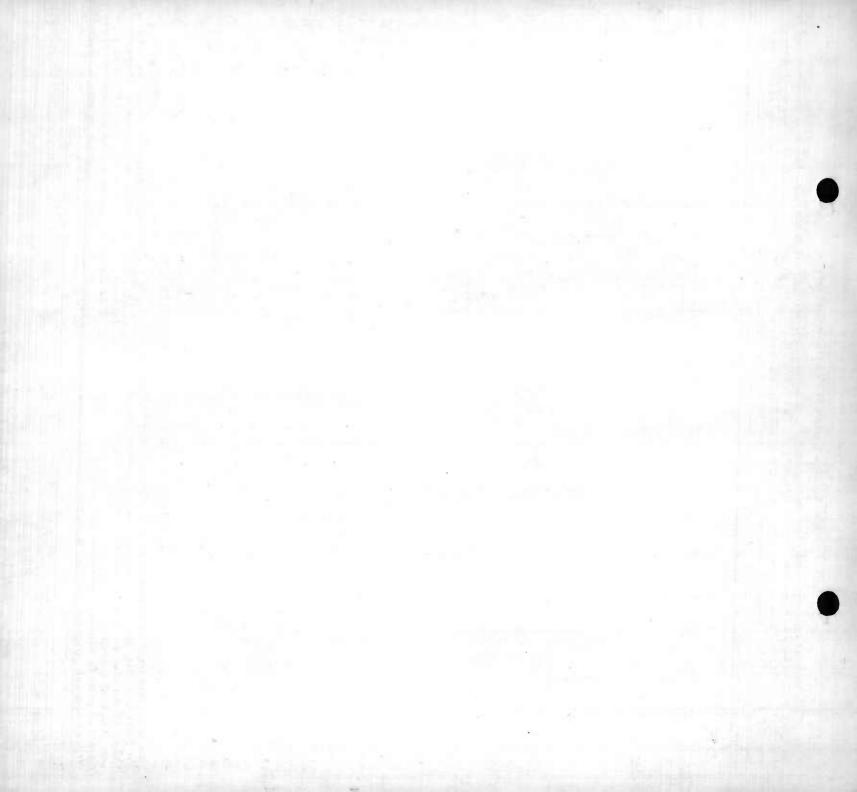
P. 630

		1355	CALEV	SALTIMORE CITY HEAL'S CE	TH DEPARTMENT	OF DEA	THE	.65	13551	
	H NO.	MEDI	CALEX	AMIINER 3 CE	KIIFICATE	OF DEA	I I Kegistered	1 140		
1. N	CASE NO.	EASED			2,1	DATE AND HOL	JR PRONOUNCED	DEAD		
(Тур	e or Print)	STANLEY PRIET	)			December	29, 1965		3:00 Am.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. Flariford					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) (NSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
	Johr	n Hopkins Hos	pital		Aberdeen, Md.  D. STREET ADDRESS (If ruro(, give locosion)					
5. SI	X	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9.			1 Yr. If Under 24 Hrs.	
	ale	White	Never	Married	26 May 194	0	25		Poys Hours Min.	
		JPATION (Give kind of work vorking life, even if relired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign coun	try)	2. CITIZEN WHAT	OF COUNTRY?	
	Soldier ATHER'S NAM	c	US	Army	Milwaukee	Wiscons	sin	US	3	
	Carlos Prieto  Was deceased ever in U.S. ARMED FORCES?   16. SOCIAL				Bertha C	ollins		DDRESS		
(Yes,	no or unknown)	(If yes, give wor or dote	of service)	SECURITY NO.						
_	es	Aug 1963-28	Dec 65	567-52-1060	Health an	d Person	nel Record	s		
	B. 7 8	12,14		CAUSE	OF DEATH				ONSET AND DEATH	
	DISEAS	E OR CONDITION DIE	ECTLY	Onania		44			1	
	(This does no heart foilure,	not mean the made of osthenia, etc. It means application which coused of	dying e.g., the disease,	DUE TO	cerebral in	Juries			4 Hours	
	injury or cor	nplication which coused a	e oth.)							
		NTECENDENT CAUSE		(B)						
	RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST		DUE TO						
z	UNDERLYIN	IG CONDITION LAST.		(C)			**************************		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
음		11								
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO T	NG HE						
CERT	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION			F YES, WERE FIND ERTIFYING CAUSES Yes	OF DEA		
₹	21 A. EXTERNA	CAUSE WAS	218,	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHE	RE DID (If in 8			otion)	
NED!		SE OF DEATH.	etc.)	street	Aber		ving Groun	ds	62-00	
	OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 2 11:00PM				struck by	auto		
	22. 1 cert	ify that I held an I	nquiry [	Inspection Aut	apsy X and th	nat an this bas	is, death in my	apinian		
	resul	ted fram: Natural car	ses A	ccident X Suicide	Hamicide	Under	ermined manner			
		11/	1 2	$\neg \cap$	CHIEF MED	ICAL EXAMIN	IER 🗌		DATE SIGNED	
	SIGNAT		Mul	MUNIO.	ASSISTANT MED	ICAL EXAMIN	IER X			
	EXAMIN	Type) Rudiger	Breite	necker, M.D.	ASSOCIATE MED	ICAL EXAMIN	NER _		12-29-65	
	BURIAL CRE	MATION, BB. DATE		C. NAME OF CEMETERY O	CREMATORY	23 D. LOCATI	ON (City, to	wn, or co	ounty) (Stote)	
	urial	1/3/1	966 F	Holy Cross C	emeterv	San	Aego. Ca	life	Ornia.	
	. DATE REC'D	JAN 4 1986		OF REGISTRAR	24C. FUNERAL	DIRECTOR		A	PORESS AN ONL	
VS	1S1-REV. 1/1/		40000	15: 0 2	muy.	/w//is	as Ami	llry	welly My	

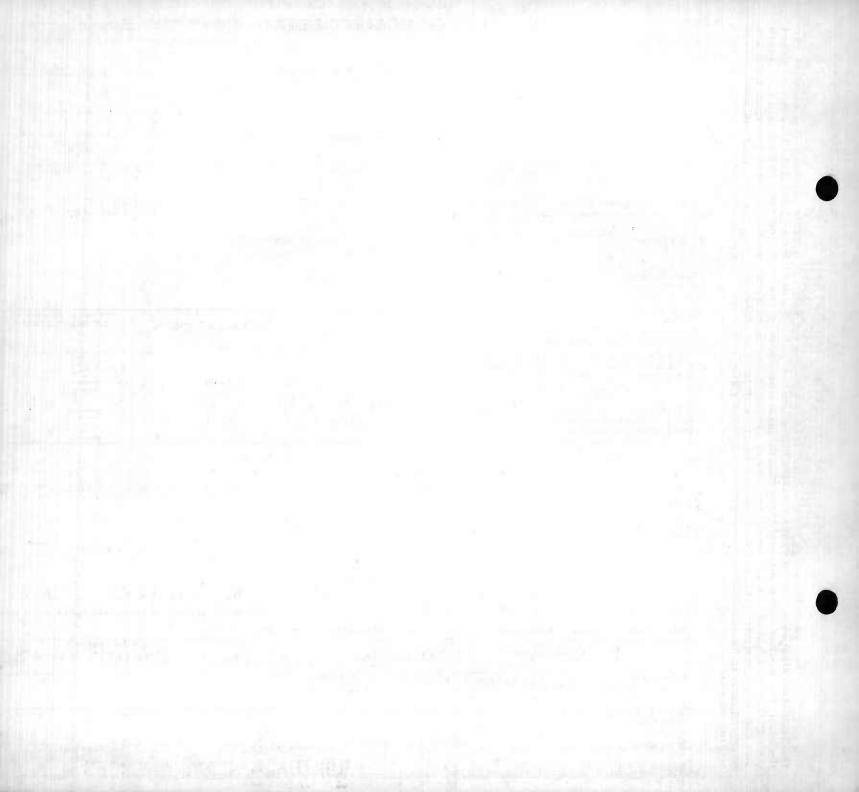
Milwaulme, Meendarts of Land Caraca Spring Year Att 1301-25 Fee 65 567-12-1050 Realth and Parentell manners

- Special Time 12 July 1

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	AME OF DECEASED				TE OF DEATH	AND HOUR OF DEATH	55 13554
				RETRAE		11.30 PM 12/2-	1 IVto
3. [	LACE OF DEATH IN	BALTIMORE, A	AARYLAND		A. STATE B. CO	LINTY	stitution: residence before admission)
-	OSPITAL OR	oddress or loco			C. CITY OR TOWN (If	outside city limits, wite	· ·
1	143111011014	Si	NAI	H080: TAZ		114	501
-	4		OF BATA	TIMORE	D. STREET ADDRESS	(If tural, give tocation) OR - NURSING	HOME "401 EUTAW PI. HIT
5. \$	EX 6. RA	CE C	7. MARRIED, WIDOWED	NEVER MARRIED  DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION during most of working			BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHERS MAIDEN	NAME	
15. Yes	Was Deceosed Ever (	n U. S. Armed I s, give wor or d	forces? otes of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 11 41 -	= XI	-	CAUSE	DF DEATH	N 400 C. I. 4-	INTERVAL BETWEEN
		CONDITION I		fty	perfective ( Codio voseu difeone.	They saleson	ONSET AND DEATH
	(This does not me heart failure, asthe	on the mode	of dying, e.g.,	DUE TO	different.	W HOTT	*
	injury or complicat	ion which cous	ed deoth.)	(8)	difeori. Bereton Vaseula Ur. Sided Hen Hallowing [In]	y indultainey	uncertain
	DISEASES OR C	CEDENT CAUS		DUE TO	Ur. Sided Her	ni pareless	
	rise to the ob-	ove couse (A		(C)	tallowing (It)	Caretad	
		II		C 4 . 1 . 1 . 1	- 1 Ale - 2 9 al	-400	3
ATION	OTHER SIGNIFICANTO THE DEATH DISEASE OR CONE	BUT NOT RE	LATED TO TH	Series S	ed Alterasal	difere	
ERTIFIC	Dec Dib	WAS P	ERFORMED Caretaid	1-1	20 A. AUTOPYT? (Yes or	No) 208, IF YES, WERE P	INDINGS CONSIDERED USES OF DEATH?
C	21 A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	CAUSE OF	21B.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21 C. WHERE DID office bidg., INJURY OCCUR	(If in Boltimore	City, give exact location)
-	21 D. TIME (Mor OF INJURY (APPROX.)	ith) (Doy) (Yea		INJURY OCCURRED  Ie AI Not Wh	21F. HOW DID	INJURY OCCUR?	
	22. I certify that	(1) (this hospi	ral) attended t	ne deceased fram	1 . 1	19 65 to 12	
	that (1) (we) last		term to the same	, , , , ,			nion death accurred an the date
	23A. SIGNATURE				view the bady after deat	h.	23B. DATE SIGNED
			edhanc	F 11	tending Med. Director	Stoff Phy s.	12 28 65 12-05 M
	23C.PHYSICIAN'S NAME (Type)	P. JAN	A12 DITA	NA REDOY	123D. ADDRESS	INAL HOPPIT	AZ, BALTIMIZE
24A	BURIAL CREMATION REMOVAL (Specify	ON, 248. DATE	24C. N	ME of CEMETERY OF CI		LOCATION A L	(Stole)
25 A	DATE REC'D BY H	LOT SI	1258 NAAAT (	F REGISTRAR UNIV	ERSITY MET	MCAL SCHO	OL:
-					The state of the s		

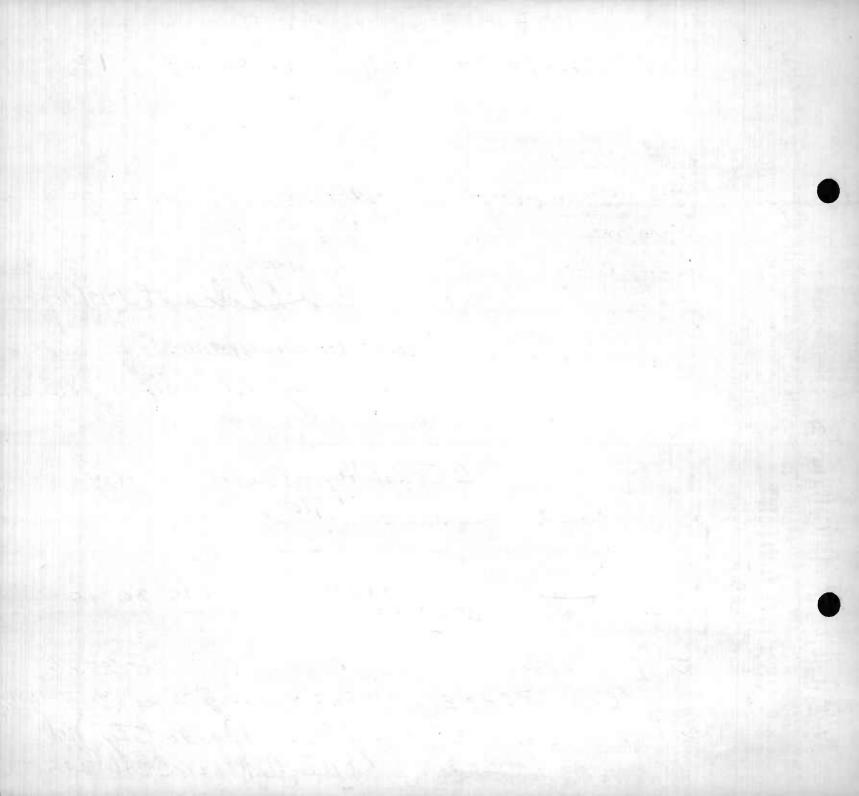


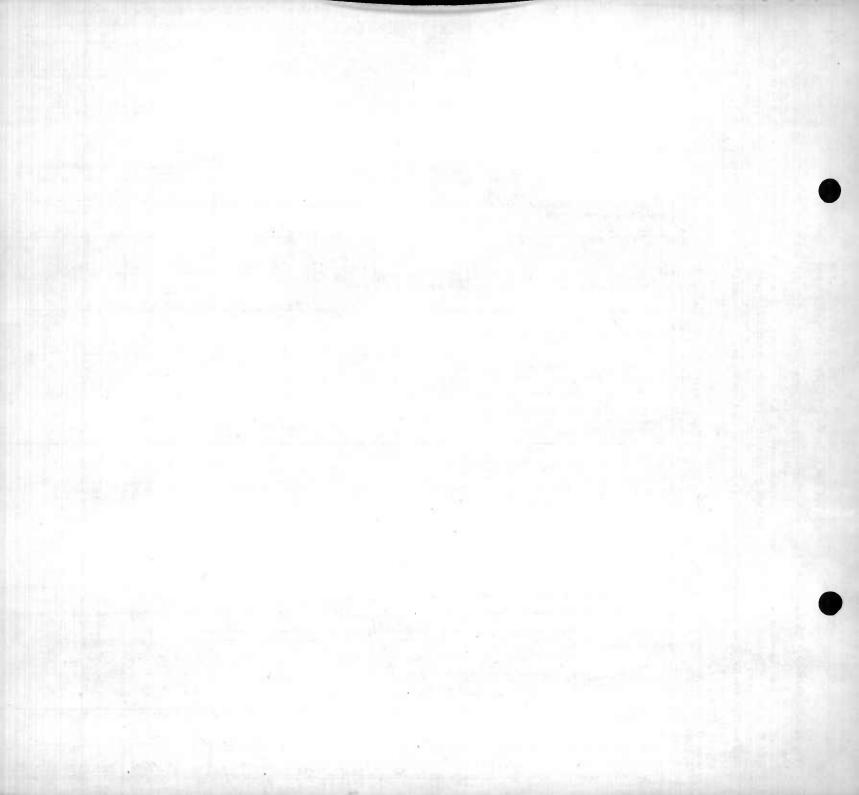
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DIGINARY DESIGN THE STREET TO SECURE OF THE STREET





township)

ADDRESS

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INTERVAL BETWEEN ONSET AND DEATH

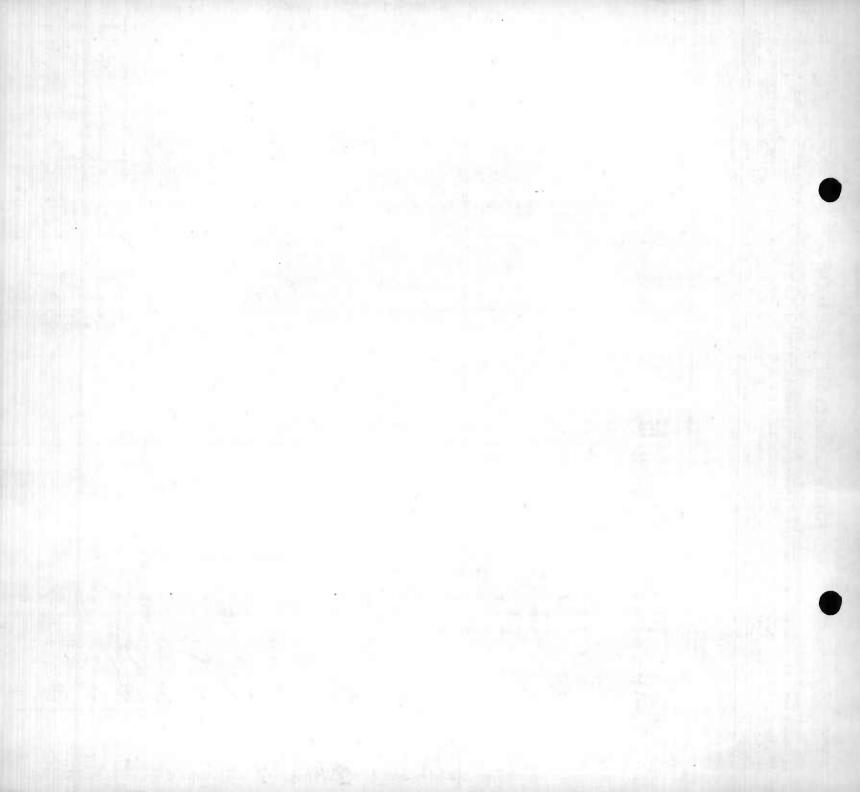
If Under 24 Hrs.

IMPORTAN DIRECTOR: FUNERAL and

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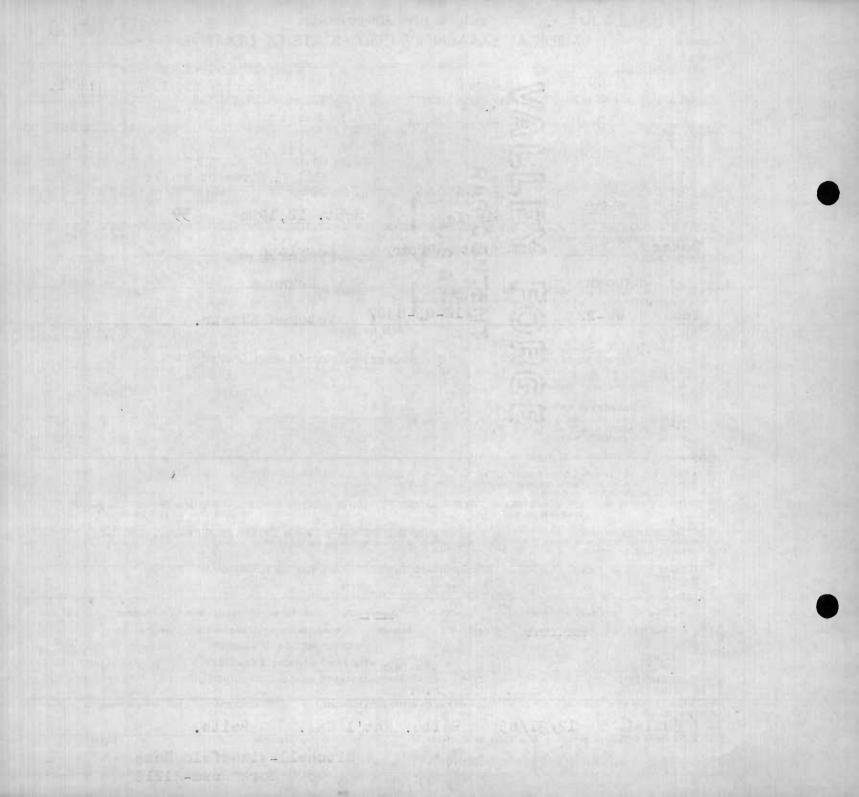
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assistant



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BIR	TH NO.		MEDI	CAL EX	AMINER'S CE	ERTIFICAT	TE OF I	DEATH Registe	ered Na	
-	E CASE NO.									
1. (Ťy	NAME OF DEC	GE	ORGE J	OHN FAR	LEY		1	cember 27, 1		7:20 P.
						A. STATE			titution: resid	lence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						C. CITY OR TOW	VN (If outsid	e corporate limits, write	RURAL or	d give township)
3	7	MER	CY HOS	SPITAL		D. STREET ADDR			eet	(
5. 5	Male	6. RACE White		WIDOWED, D	IVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	If Under	Tyr. If Under 24 Hrs. Doys Hours Min.
	during most of w			10B KIND OF	ngle Business or industry Pata Bakery	II. BIRTHPLACE (	State or foreign		12. CITIZE WHA	N OF COUNTRY?
13.	FATHER'S NAM	E		Jammai	ava bakery	14. MOTHER'S M	AIDEN NAM	E		
15.	WAS DECEASED	nknown	S A PAA ED	FORCES?	16. SO CIAL	U:	nknowr	1	ADDRESS	
	Yes		vor or dote:		SECURITY NO. 212-05-830	7	eran A	Admstr.	ADDRESS	
	1B. 422	1			CAUSE	OF DEATH			=	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR COND	TION DIE	ECTLY	Arter	iosclerot	ic card	liovascular		
	heort foilure,	ot meon the osthenio, etc.	It meons	the disease,	DUE TO	***************************************	000000000000000000000000000000000000000	disease		•••••
		NTECEN DEN			(8)					
Z	RISE TO THE	OR CONDITION  E ABOVE CAL  IG CONDITION	JSE (A) ST		DUE TO (C)					
CERTIFICATION	TO THE	II VIFICANT CONDEATH BUT	NOT REL	CONTRIBUTION ATED TO TH	G IE					
- 4	19A. DATE OF			DITION FOR W	HICH OPERATION	Yes	(Yes or No)	208, IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CO	ON SIDERED ATH?
EDICAL	UNDERLYING UTING CAUS	OR CONTRIB-		21 B. P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, or	n or obout 21C. W ffice bldg., INJURY	HERE DID OCCUR?	(If in Boltimore City, gi	ve exoct lo	cotion)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		E. INJURY OCCURRED  HILE AT NOT WOORK AT WO	VHILE	JUNI DID WO	JRY OCCUR?		
	22. I cert	ify that I he	ld an In				that on thi	is bosis, deoth In m	ny opinian	
	result	ed from: No	iturol cou	ses X A	coldent Sulcide	P		Undetermined manne		
	ACTUAL SIGNATI		me	h.	7- CM.D.	ASSISTANT ME		CAMINER E	D	DATE SIGNED
	EXAMIN NAME (1		Werne	er U. Sp	itz, M.D.	ASSOCIATE MI	EDICAL EX	KAMINER	Dece	ember 28, 196
REA	BURIAL CREATION BURI		DATE		Balto. Na				, town, or c	ounty) (State)
24/		BY HEALTH D			OF REGISTRAR	24C. FUNERA		Balto.	A	DDRESS
	JAN				FalleyMA		ell-Wi	edefeld H	ome	
1/5	161 BEV 1/1/	. 1000	W SO W		7 77	6.5	00 You	k Road-21	212	/



Balto.12

VS 150-REV. 1/1/65

Period to Coming confer sure ! 12-20-45 1 pm 20-65- 25 A story and

Attend Carrers view outpent from althought and area the street was the same of the hospital

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death

IMPORTANT

DIRECTOR:

FUNERAL

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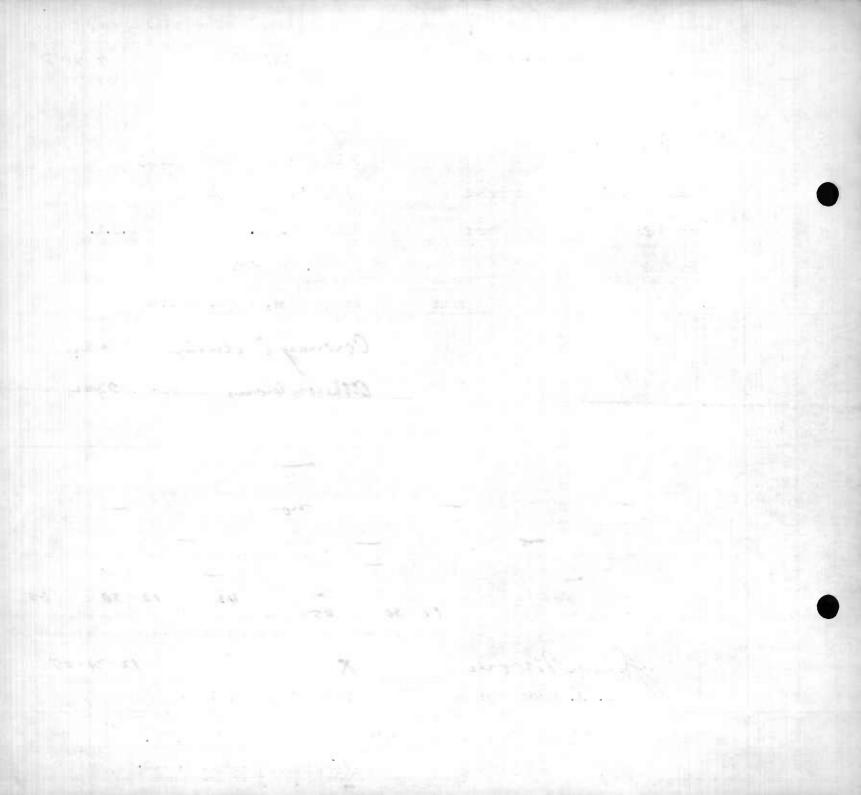
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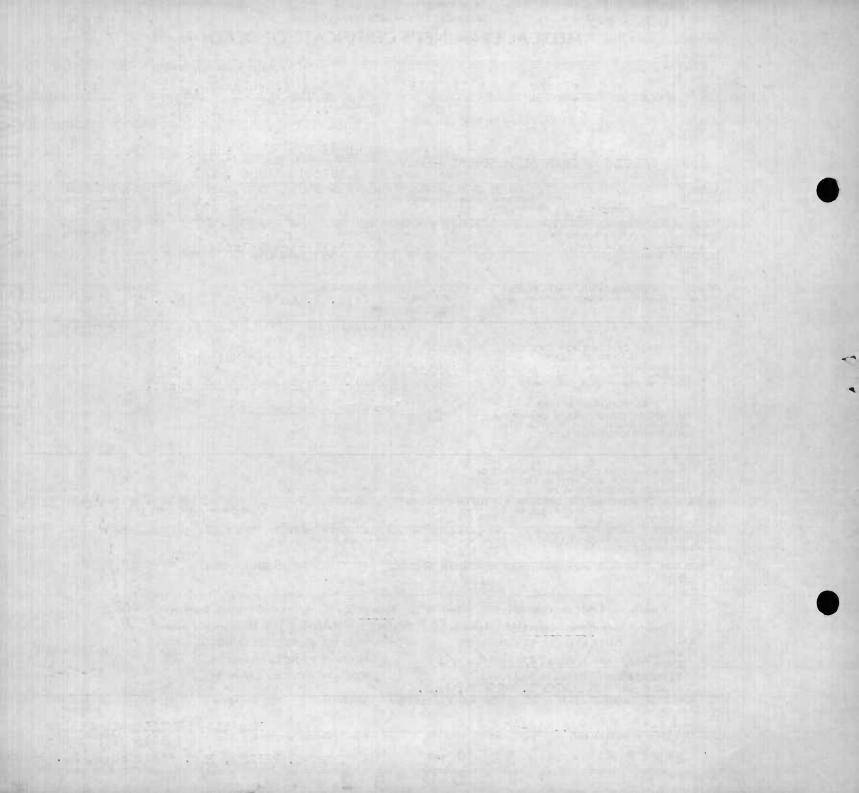
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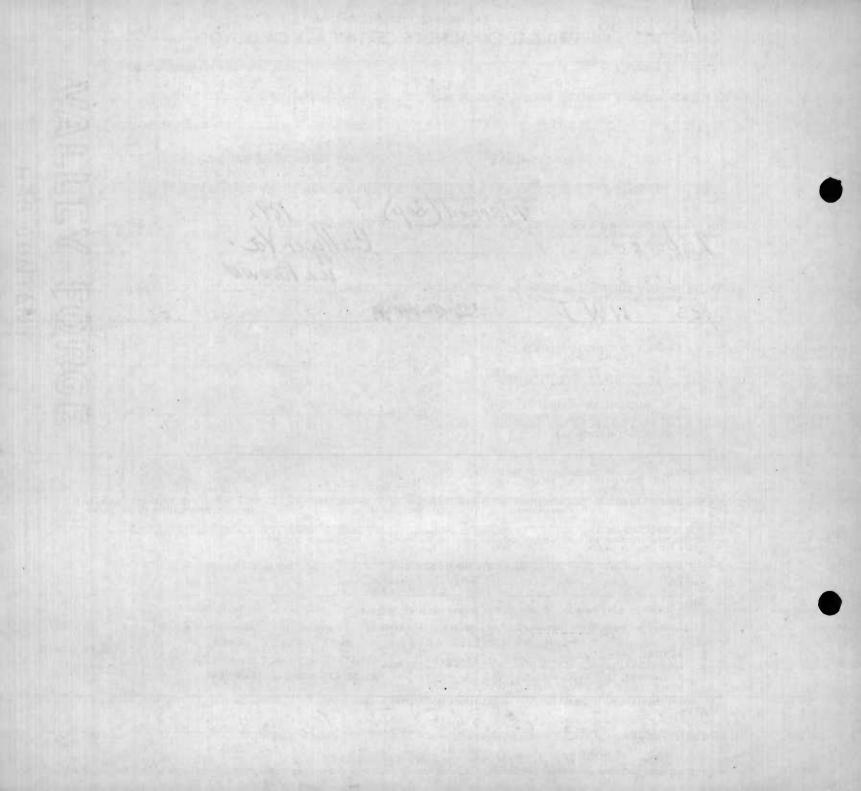


MEDICAL	BALTIMORE CITY HEXAMINER'S	CERTIFICATE	OF DEATH	Registered No	13565
			DATE AND HOUR PE		

65 13565 BALTIMORE CITY HEAL	TH DEPARTMENT
BIRTH NO. MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH Registered No. 13565
THE CASE ITO	
1. NAME OF DECEASED (Type or Print) PABLO MANTALA	2. Date and hour pronounced dead
PABLO MANTALA  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	December 27, 1965 6:50 A <sub>M.</sub> 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE Republic of Philippines C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
SOUTH BALTIMORE GENERAL HOSPITAL - DOA	Queezon City (Iuzon)  D. STREET ADDRESS (If rurol, give locotion)
SOUTH BALLIMONE GENERAL HOSTILAL - DON	7 Kalavita Annex, Laloma
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male Non-White Married    Non-White Married   Married   Non-White   Married   Non-White   Married   Non-White   No	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
Seaman - Maritime	Phillipine Islands 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	Capt. A. Anderson M.S. Shastine Maresk
IB. 4 4 X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
This does not mean the made of dying, e.g.,	e gastritis with Multiple
neon tollole, dishertd, etc. If meons the disease,	erficial ulcers and intragastric
ANTECENDENT CAUSES (B) blee	ding
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST,	
li II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198, CONDITION FOR WHICH OPERATION	
WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
UINDERLYING OR CONTRIB-	n or obout 21C. WHERE DID (If in Boltimoro City, give exact location) ffice bldg, INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)  WHILE AT NOT WORK AT WO	VHILE ORK
22. 1 certify that I held on Inquiry Inspection Auto	opsy X and that on this basis, death in my opinion
resulted fram: Notural couses X Accident Suicide	
1 200/11	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE Justill Styler M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER 12-27-65
REMOVAL (Specify)  23B. DATE  23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (State)
Burial Feb. 18-66  24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	Manilla Phillippine Islands  24C. FUNERAL DIRECTOR 6415 BEREST Road
JAN 5 1966 Q Q R Q TO D. M.	JOHN C. MILLER, Inc. Baltimore, Md. 2120
VS 151-REV. 1/1/65	John C. Hilman, The Ballingto, Inc.



MEDICAL I	EXAMINER'S C	ERTIFICATE OF DEATH Registere	d No
. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED	DEAD
Type or Print) CYRUS	COLBERT	December 30, 196	
PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where deceosed lived. If institut	14
TEACT IN BALLINGRY MARIENTO, WITCH TROIT	OUNCED DEAD	A. STATE Maryland	TY
ULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write R	IIDAL and aire towarkiel
OSPITAL OR ADDRESS OR LOCATION)		C. Citt Ok 10WN (if outside corporate limits, write k	UKAL one give township?
		Baltimore	4-1
Franklin Square Hospita	1	D. STREET ADDRESS (If rurol, give location)	1
		1511 W. Fayette Street	
SEX 6. RACE 7. MARRIE	D, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr, If Under 24 H
WIDOWE	DIVORCED (specify)	9 lost birthdoyl	Months Doys   Hours   Min
Male Negro Mo	rphied (Sep)	1842 73	
A. USUAL OCCUPATION (Give kind of work I OB. KIND ne Juring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BUTHPLACE (State or fereign country)	12. CITIZEN OF WHAT COUNTRY?
Lochoren		Callonen Voz.	WHAT COUNTRY
FATHER'S NAME		14. MOTHERS MAIDEN NAME	
Pilane Palhent		un KNOWN	
Cyrus Colper	197 00 0141	WN IIN WIN	D D D D D D D D D D D D D D D D D D D
WAS DECEASED EVER IN U.S. ARMED FORCES? (s, no or unknown), (If y, es, give wor or dates of service	16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS
YAS WW I	338-07-9404	in Wordhy Coller 16	11 91/ Fallell
11B.	CALLS	OF DEATH	INTERVAL BETWEE
7 90 X 1	CAUSE	OF DEATH	ONS OT AND DEAT
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) Lobar	Pneumonia.	
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	9., DUE TO		
injury or complication which coused death.)			
RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBU			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	THE Malni	itrition.	
DISEASE OR CONDITION CAUSING IT.	ralit	ICI ICIOII.	
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 208, IF YES, WERE FIND	
WAS PERFORMED		Yes IN CERTIFYING CAUSES	Yes
21A, EXTERNAL CAUSE WAS 21 UNDERLYING OR CONTRIB-	8. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, give office bldg., INJURY OCCUR?	exact location)
UNDERLYING OR CONTRIB-	me, form, factory, street, (	office bidg., INJURY OCCUR?	
OF INJURY (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	WHILE AT NOT AT W	WHILE ORK	
22.			
I certify that I held an Inquiry	Inspection Au	opsy X and that on this basis, death In my	opinlan
resulted from: Natural causes X	Accident Suicid	e Hamicide Undetermined manner	
	17	CHIEF MEDICAL EXAMINER	
ACTUAL ( )	, /_		DATE SIGNED
SIGNATURE Charles	S. Peller M.D	ASSISTANT MEDICAL EXAMINER	12/20/65
EVAMINED'S	1	ASSOCIATE MEDICAL EXAMINER	12/30/65
NAME (Type) Charles S. Pe	tty, M.D.		
A. BURIAL CREMATION, 238. DATE	23C. NAME OF CEMETERY	T CREMATORY 23D. COCATION (City, to	own, on county) (State)
EMOVAL (Specify)	Balla Wat	and the Mars 11.	1//2/
Jurial XXX.5,1466	Delle //All	mal cem. Ducto.	M.
A. DATE REC'D BY HEALTH DEPT. 248, NAM	E OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS 3/4
JAN 5 1968 R 0 8-8	T. 0	9/11/1/2 11 7/11/11/11	Value
JAN 5 1966 (P.C. 15 8	L'OLDRUMENT HE	YVILLIAMS TUNERAL NO	me populated
S 151-REV. 1/1/65	0 3 5	0	



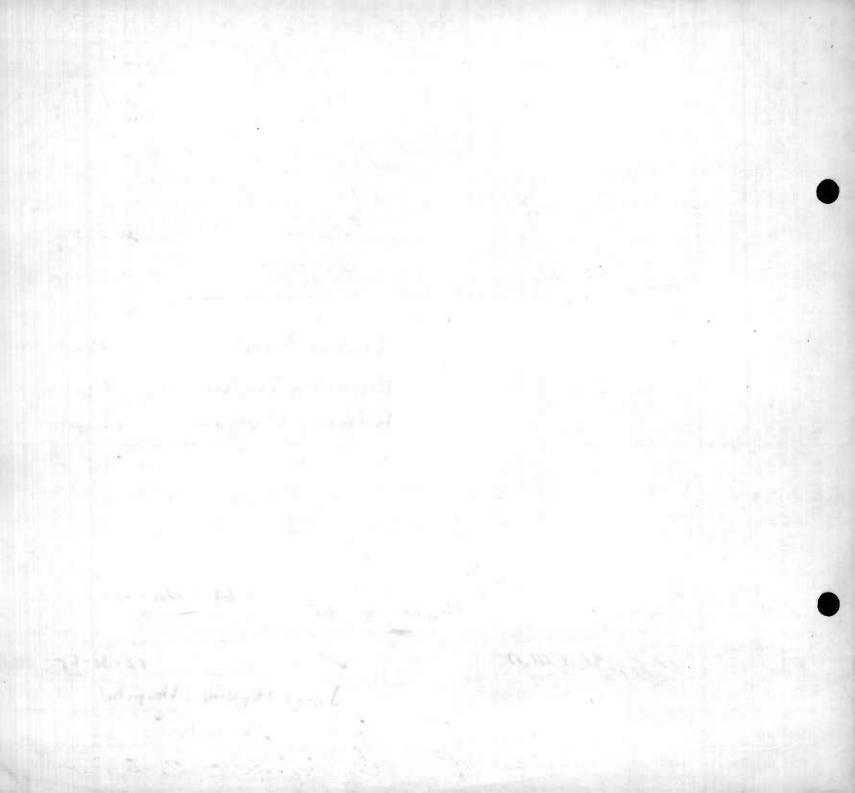
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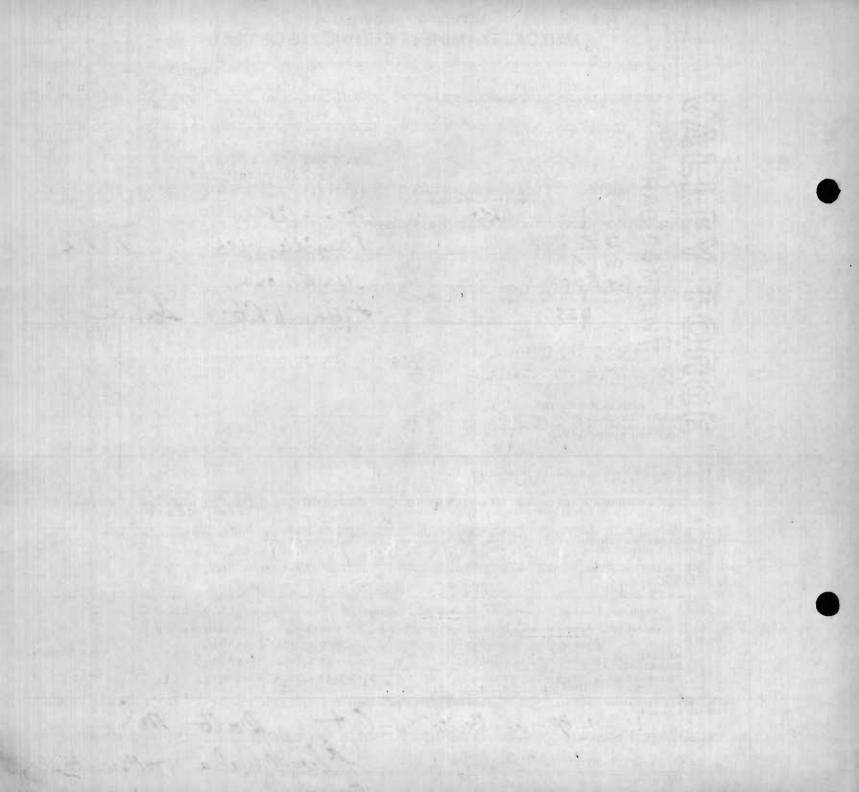
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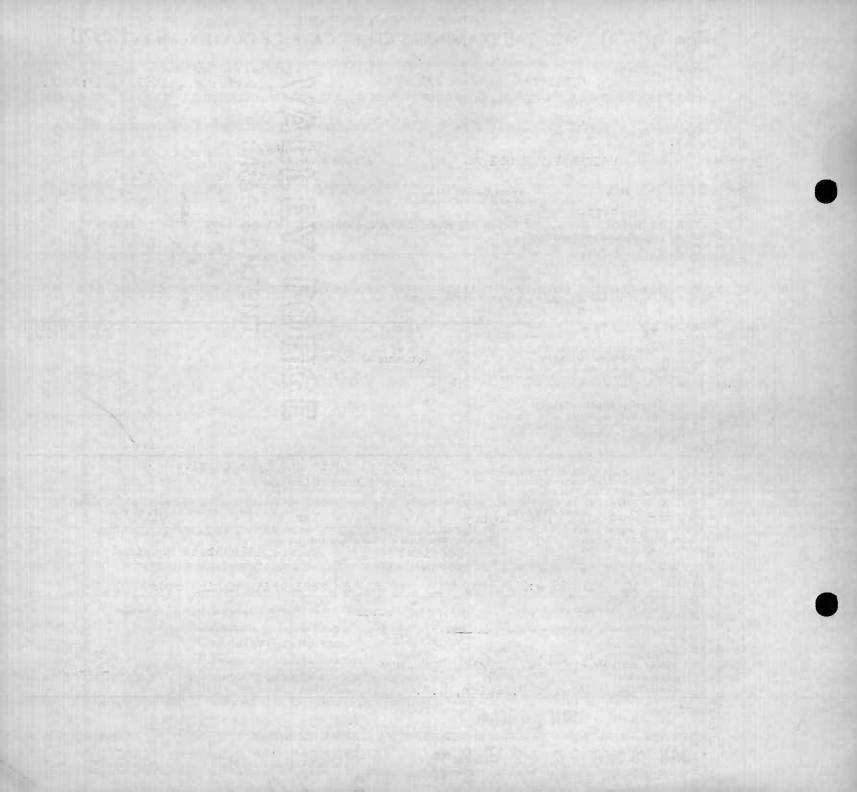


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H	-0	0	0

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES HUGHES	December 31, 1965 9:30 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland, C. CITY OR TOWN (If autside carparate limits, write RURAL and give fawnship)
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore
h	D. STREET ADDRESS (If rural, give location)
317 Monastery Avenue	317 Monastery Ave.
5. SEX 6. RACE Z MARRIED, NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
male negro WIDOWED, DIVORCED(specify)	Nov 2 - 1960 lost birthday) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working the, given if reflied)	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
. reluce	Langelle Val. U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
In know	unkmou
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na arunknown), (If yes, give war ar dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
UES .	Lilliam White Some
IB. CAUSE	
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Arter:	iosclerotic cardiovascular disease
(This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It meons the disease, injury ar camplication which coused death.)	
Injury of complication which coused death.	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING  OTHER PRATE TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	no
OUNDERLYING OR CONTRIB- Shome, farm, foctory, street,	in or obaut 21C, WHERE DID (If in Baltimare City, give exact location) office bldg, INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)  WHILE AT NOT WORK AT W	WHILE
22.	
	topsy and that an this basis, death in my aplnian
resulted fram: Nertocal causes X Accident Suicid	
ACTUAL ( )	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE / OUG US COM. D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 1-1-66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY ( REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, grecounty) (State)
Bund 1-17 -106 Baltonal	- Cat Balt In
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR . ADDRESS
TO T	Police Miller in the Mark
VS 151-BEV 1/1/45	Certific wheel 10 to Branteyas
13 131-RE1: 1/1/03	



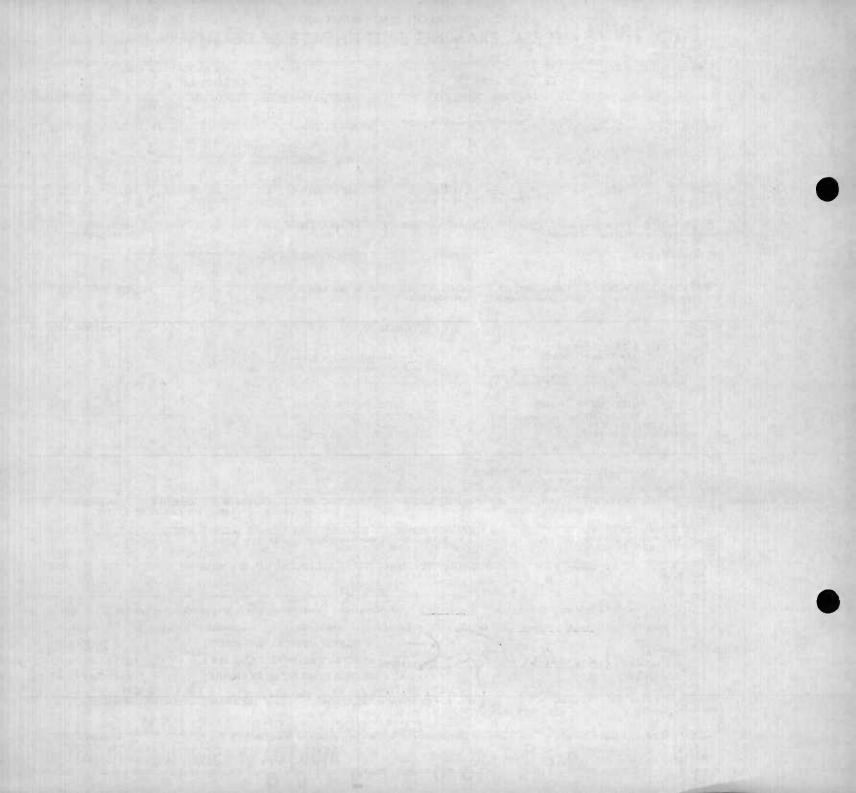
1100	THUNG 13	3570	MEDICAL	BALTIMORE CITY H EXAMINER'S			EATH Regist	66 Na.1	3570_	
1.	NAME OF DEC		GERTRUDE	RAY			mber 28, 1		9:30	Α.
	L NAME OF		LAND, WHERE PRO	STITUTION, GIVE STREET	A. STATE M.	aryland	ceosed lived. If ins	UNTY	14	
HO	SPITAL OR	A DDRESS	OR LOCATION!		C	rownsvill		te KUKAL on	d give towns	nip;
K		UNIV	ERSITY HOS	PITAL		rownsvill	e State Ho	ospital		
5. 5	Ex Female	6. RACE Negro	WIDOW	RIED, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIR	TH	9. AGE (In years lost birthday)	Months I	1 Yr. If Unde Doys Hours	er 24 Hrs Min.
	. USUAL OCCI			D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	OF COUNTRY?	
13.	FATHER'S NAM	NE .			14. MOTHER'S	MAIDEN NAME				
			S. ARMED FORCES vor or dotes of serv		17. INFORMANT			ADDRESS	H	
ERTIFICATION	(This does heard foilure, injury or considerable and the considerable an	LEADING To the mean the osthenio, etc. ostanto, etc. osthenio, etc	mode of dying. It means the dise to coused deoth.  T CAUSES  DNS, IF ANY, GIVI JSE (A) STATING DN LAST.  NOTRELATED CAUSING IT.  198. CONDITION	e.g., Subones, Due To  NG (BL DUE TO  CC)	iosclerotic	and hype	DB. IF YES, WERE F	INDINGS CO		
MEDICAL C	21A. EXTERNA UNDERLYING UTING CAU	SE OF DEATH	was PERFORMED Head 1	21B PLACE OF INJURY (a home, form, foctory, streetc.)  Hospita1  21E INJURY OCCURR	es.g., in or obout 21C. et, office bldg., INJUI	WHERE DID (IF	in Boltimore City, o Le State H	Yes give exoct lo	cotion)	-0
	100		65 4:30F	Inspection	Autopsy 🔀 a	nd that an this	making be	my apinian		
	ACTUA SIGNAT EXAMIN NAME (	URE VIII IER'S Type)	Werner U.	Spitz, M.D.	M.D. ASSISTANT	MEDICAL EXA MEDICAL EXA MEDICAL EXA	MINER A DVI	AND	DATE SI 2-28-65	
RE	A. DATE REC'D	MATION, 23E	JAN 4 1	23C. NAME OF GEMETE 966 AME OF REGISTRAL IN I	VEDCITY	MEDICARAL DIRECTOR	SERVICE	oL,  BC	ounty)  DDRESS	(Stotel
VS	151-REV. 1/1/	65 /	-51430	0 5 0 0	121	7 9				

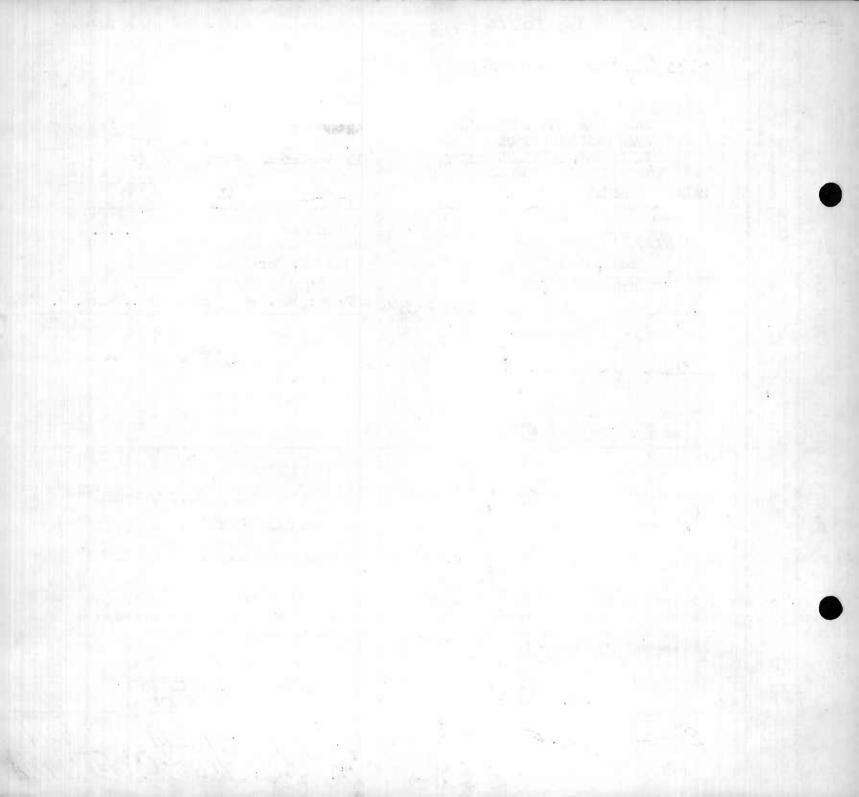


## C5 13571 WEDICA

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	CASE NO.	LOUIT	WEDIC	LAL EX	CAMINER'S C	ERTIFICA	ATE OF I	DEATH Registe	ered No	
1. N (Type	AME OF DEC	EASED	WILL	LAM WAA	RREN			ecember 28,		
					INCED DEAD	A. STATE  Maryland  A. STATE  Maryland  Maryland				
HOS	NAME OF PITAL OR TUTION	ADDRESS	OR LOCATI	OR INSTITU	JTION, GIVE STREET		own (If outsid		RURAL and give township)	
0		212 N	. Monti	Ford Av	venue	D. STREET AD	DRESS (If surol,			
	ale	6. RACE Negr	0	VIDOWED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BI	RTH	9. AGE (In years lost birthday) 65	If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	
done	JSUAL OCCU	PATION (Give vorking life, ever	kind of work () n il retired)	B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
13. F	THER'S NAM	E				14. MOTHER'S	MAIDEN NAM			
Yes,	AS DECEASEI	O EVER IN U. (If yes, give v	S. ARMED F	ORCES? of service)	16. SO CIAL SECURITY NO.	17. INFORMAN	T		ADDRESS	
ATION	(This does n heart failure, injury or com A DISEASES ( RISE TO THE UN DERLYIN	E OR COND LEADING TO OT meen the osthenia, etc. uplication whic  NTECEN DEN OR CONDITIO E ABOVE CAL G CONDITIO	O DEATH mode of d it means th h coused dec T CAUSES DNS, IF ANY JSE (A) STA DN LAST.	ying e.g., le disease, oth.) (, GIVING TING THE	DUE TO  (B)  DUE TO  (C)	osis of 1	the liver			
CERTIFICATION	TO THE	DEATH BUT CONDITION OPERATION	NOT RELA CAUSING I	TED TO TI	HE OPERATION	20 A. AUTOP			NDINGS CONSIDERED	
CAL	NDERLYING -	CAUSE WAS		21 B. I	PLACE OF INJURY (e.g., lorm, foctory, street,	in or obout 21C.	WHERE DID	If in Boltimore City, give		
200	TIME FINJURY APPROX.)  2.   certi	(Month) (Do	oy) (Year) Id on Ing	(Hour) 2'	ORK AT V	WHILE O		RY OCCUR?  s basis, death in m		
	ACTUAL SIGNATU EXAMINI NAME (T	IREER'S		ner U	Spitz, M.D.	ASSISTANT ASSOCIATE	MEDICAL EX MEDICAL EX MEDICAL EX	AMINER AMINER	12-28-65	
	BURIAL CREA		JAN	4 1966	NAME OF CEMPTER	CREMATORY	MEDIO	CATION ANGLIA	(Stote)	





4-200

IRTH NO.	MED	ICAL EX	AMINER'S	CERTIFICATE O	F DEATH Registe	ered No.
M.E. CASE NO.	EASED			2. DAT	AND HOUR PRONOUNC	ED DEAD
Type or Print)	RIE HAYASI	I		25	December 1965	11:20 p. M.
. PLACE IN BALTI	MORE MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WALL) A. STATE Marylan	here deceased lived. If inst	itution: residence befare odmissian JNTY
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET			RURAL and give township)
	Union Memor	ial Hosp	ital	Baltimo		-03
					Calvert St.	
female	6. RACE caucasian	WIDOWED, D	NEVER MARRIED DIVORCED(specify) rried	8/15/17	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
ane during most al w Housew	rorking lile, even if retired)		BUSINESS OR INDUST	Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
	1 Gaven	D FORCES?	16. SO CIAL	Unknown		ADDRESS
	(If yes, give wor or dat		SECURITY NO.		N. Hayash 2705	N. Calvert St.
18.	. 6		CAUS	E OF DEATH		INTERVAL BETWEEN
DISEASES ( RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OF	NTECENDENT CAUS  OR CONDITIONS, IF E ABOVE CAUSE (A) IG CONDITION LAST.  II WIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSE	S CONTRIBUTING	4E	JOAN AUTORYS (V.	NA DOD IE VEC WEDE EI	NONES CONSIDERED
32		RFORMED		yes	( No.) 20B. IF YES, WERE FI	ses of DEATH? yes
UNDERLYING CAUS	OR CONTRIB-	21 B. home, etc.)	farm, foctory, street,	affice bldg., INJURY OCCU	OID (If in Baltimore City, gi	ve exact lacation)
21 D TIME OF INJURY	(Manth) (Doy) (Ye	ar) (Haur) 2	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		m. W	ORK NOT	WHILE		
ACTUAL SIGNATI	URE	alles A	ccident Suici	de Homicide		
3A. BURIAL CREA			C. NAME OF CEMETERY	or CREMATORY 2	3D. LOCATION (City	, town, ar county) (State)
Burial	- 1- 1-	6	New Cathedr	al Cemetery	Baltimore, M	aryland
	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DIRE	CTOR	ADDRESS 7 St. Paul St. 2
1 /3 /3 /2			I.C. El W	Wm. FOOK = K		/ Sha Falli Sha

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FUNERAL DIRECTOR:

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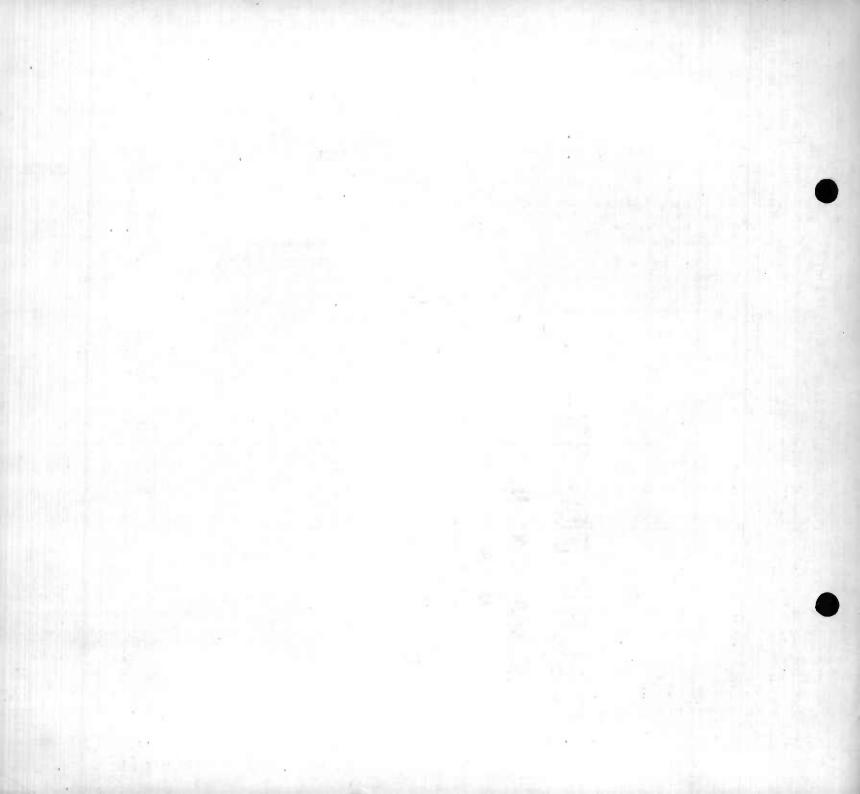
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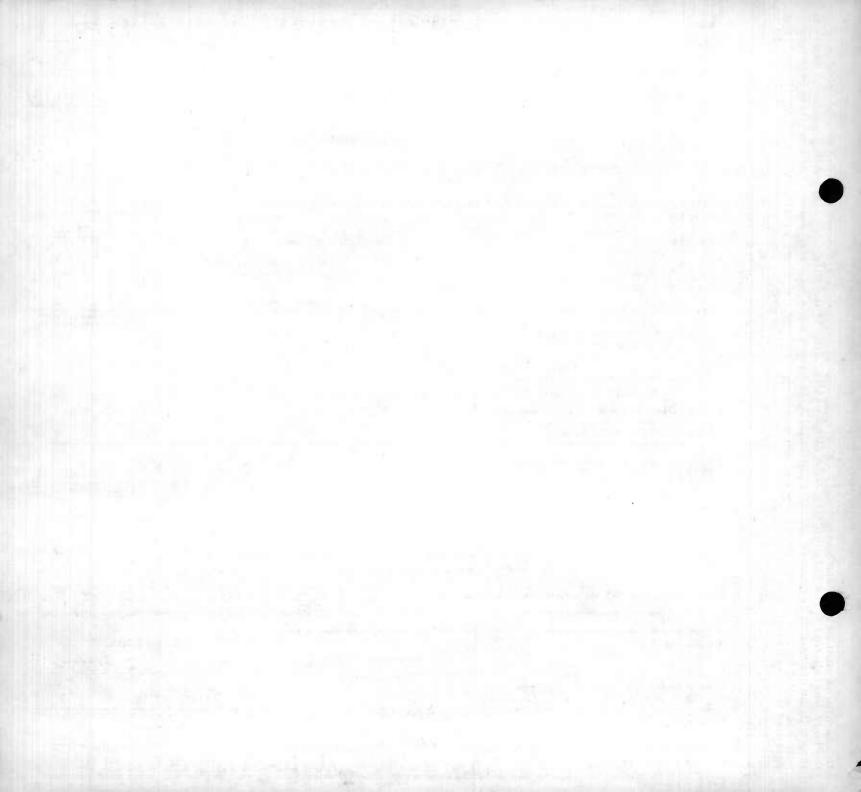
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	deatl deatl ease n th	1,1	E CASE NO.	EASED				2. DATE	AND HOUR OF DEATH	4	
		(Ту	pe or Print)	VERNON WINF	IELD MO	ON		Dece	ember 31, 190	65	6:15 P. M.
	hospital use of c (5) Dece ance or death.	3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. USU.	AL RESIDENCE (W	here deceased lived. If	institution; residence	before odmission)
	10		FULL NAME O	F (If not in hospital	or institution,	give street	M	aryland	2	5-14	
			HOSPITAL OR	oddiess oi locotion	n)	.1	C. CITY	OR TOWN (If	outside city limits, write	RURAL ond give t	ownship)
		10	3801	Sixth St.				Baltimore ET ADDRESS			
	ting d cau d cau	F	Bal ti	imore, Mi.				801 Sixth	If jural, give location)		
	F 5 6 6 6	5. 5		6. RACE		, NEVER MARRIED		OF BIRTH		If Under 1 Yr.	If Under 24 His.
	th occurre contribut letermined in regular eceased p		Male	White		D, DIVORCED (specify)	Anr.	3, 1903	9. AGE (In years last birthday)	Months Doys	Hours Min.
	0 0 - 6 -				10B, KIND O	F BUSINESS OR INDUSTR	Y 11. BIRT	HPLACE (State or fo		12. CITIZEN OF	LINERVA
	in i	don	Time Kee	working life, even if retired)	Hosn	ital	M	aryland		U.S.	JN IRT?
	de de se	13.	FATHER'S NAM		1			THER'S MAIDEN N	AME		
	nt if death direct or c.; (4) Under h was in the dece		Robert H	Peabody Moon				Carrie Edv	ards		
Z		15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFO		-	ADDR	ESS
T A	the the deat deat	(Ye	No	(If yes, give was as date	s of service)	213-10-0686	Mnc	Marie Ro	se Moon (sa	ma)	
S.	3 4 CD D	-	18. 4. 2	0.71			OF DEATH		/Se 10011 (Ba		AL BETWEEN
IMPORTANT	his a So, if of any unced endo			E OR CONDITION DIS	RECTLY					ONSET	AND DEATH
Ξ	er. Also, cture of a pronounc lar atten		The last	LEADING TO DEATH		(A) ACU	TEA	TYDEARD	IAL INFAK	CTION	5 MIN.
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DIRECTOR:	XXQ XXQ V L			OR CONDITIONS, if a obove couse (A)		(C)					
<u>~</u>	ical sal e ns; (3 cian as in		UNDERLYING	CONDITION lost.		***************************************		000000000000000000000000000000000000000		90 00 000000 NH 0 HH 00 07 04 00 00 00 00	********************************
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NERAL		CERTIFICATIO	TO THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH						
F	dy by e phy ician	FICA		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONS	DERED
Z	by chi by c 2) Bo re th phys	ERTI	0 :	WAS PERI				NO		AUSES OF DEATH	
豆	== 000	17	OR CONTRIBU	TING CAUSE OF	211 hor	R. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or abou office bldg.	121C. WHERE DID	(If in Boltimo	ore City, give exact	locotion)
	> = 0 = Z =			(Month) (Doy) (Year)		INJURY OCCURRED		21F. HOW DID II	NAMES OCCUPS		
	oved by hospi	MEDI	OF INJURY		w	nile At Not Wi	ile		TJOKI OCCOK.		
	the h ny n exce			Abox (I) (abia bossiani	1 ***	the deceased fram			10/2	12 . 3	1 1965.
				last saw the decease		10 -	10	4	that in (my) (our) or		
	of a									ornion deoth acc	arred an the date
	dent of death)		23A. SIGNATU		red above.	1) ((did) (didnot)	view the	body offer deoff	1.	23 B. DATE SIGN	ED
	2 4		Lug	monelli	talt	M.D. A	tending F	Med.	Stoff Phys.	JAN	1. 1,1965 LTO. 25.M
	0 - 0>		23 C. PHYSICA NAME (T)	N'S	in of f	101	23D. ADD		111/3.		
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	certificat sody was rs: (1) An D.O.A. at ased pric	244	BURIAL CREA	MATION, 248. DATE	24C. N	AME of CEMETERY OF C	REMATORY	24D.	LOCATION (	City, town, or count	
			Burial	Jan.4,	66 G	len Haven Mem	orial	Park A	nne Arundel	Co. Marv	and
	This the k show was dece	25A		1966 Page		OF REGISTRAR	25C.	FUNERAL DIRECT	OR	λD	
	E = 70 3 0 3	_			10,00		GE	EORGE J.			igwy.
		VS	150-REV. 1/1/6	55	2	200	2	1 8 4	Balt	imore 25,	Md.



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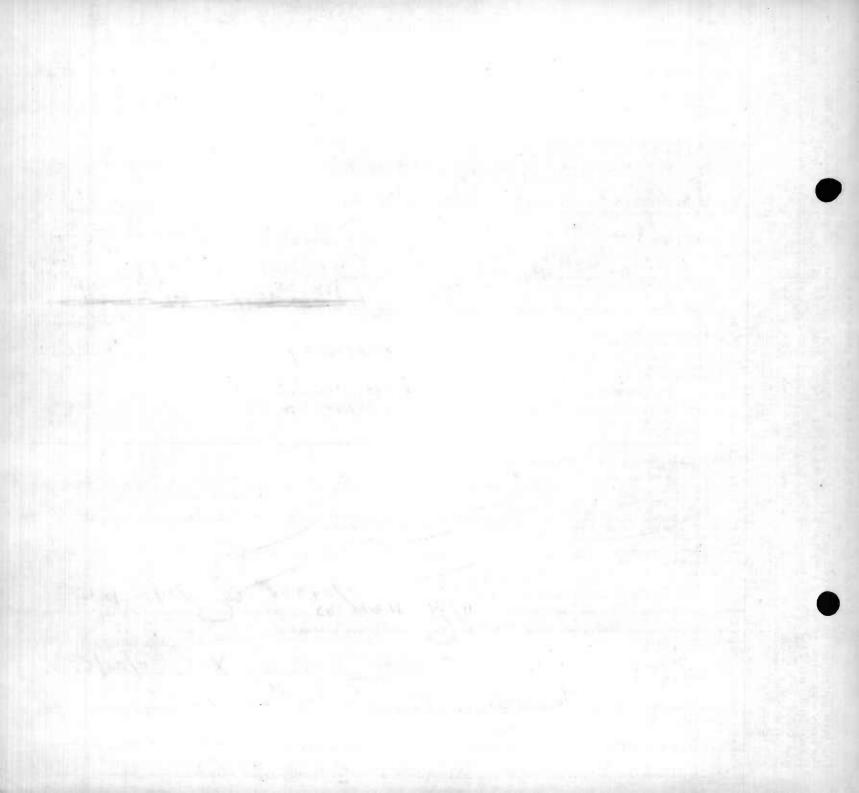
CERTIFICATE OF DEATH

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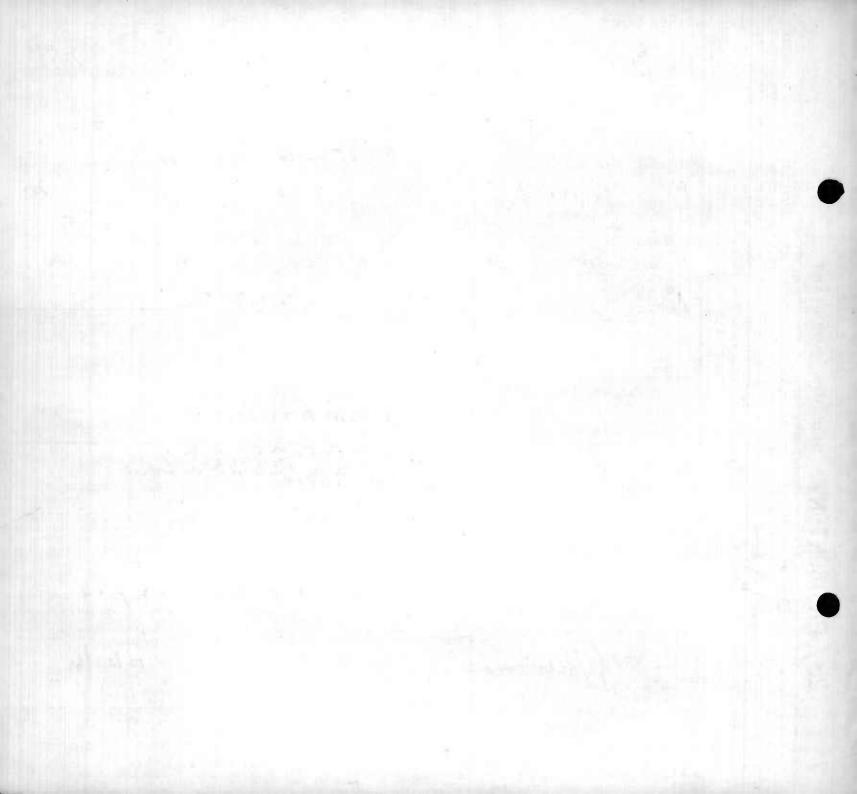


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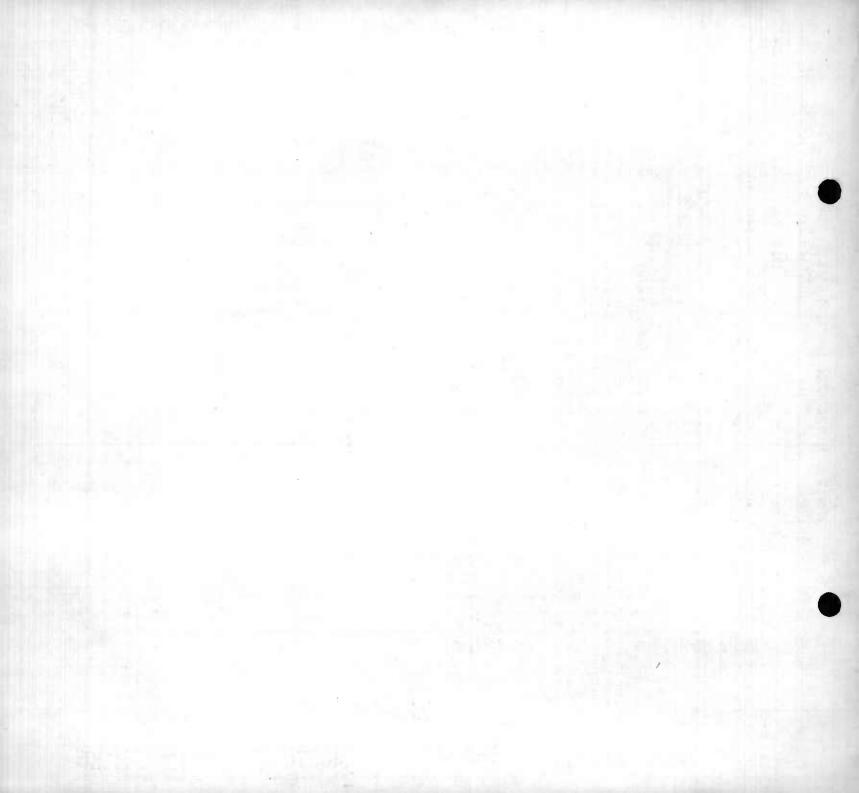
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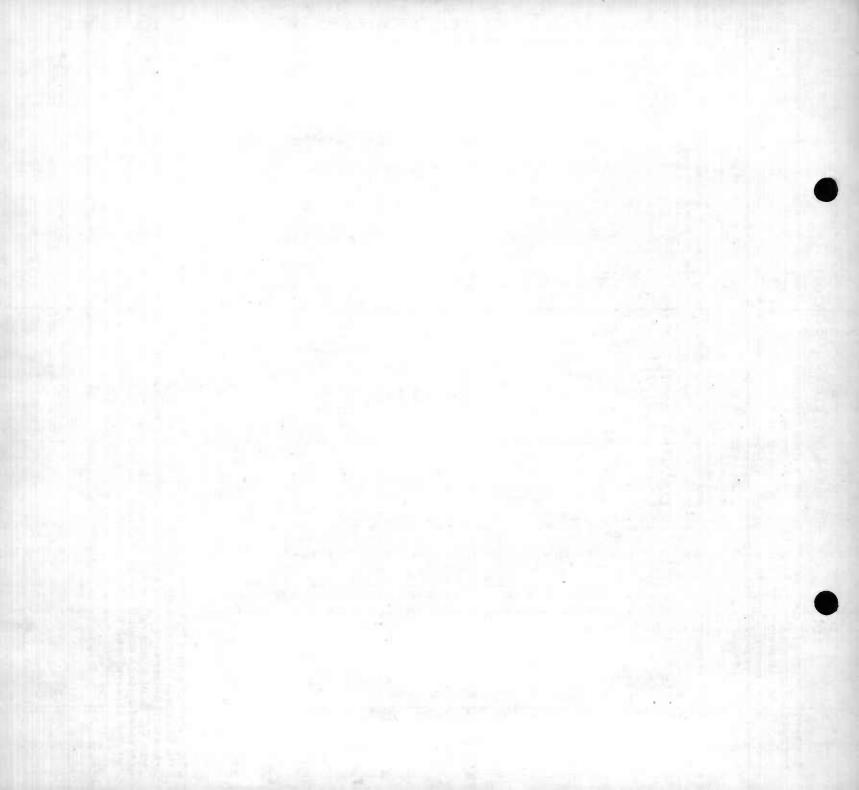
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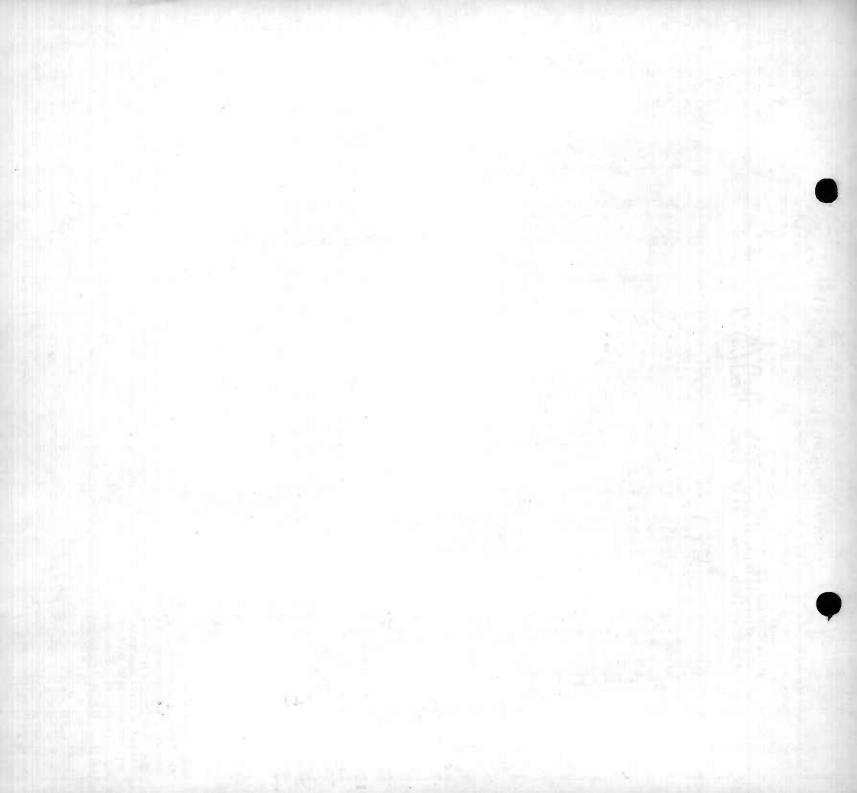
	150000	BALTIMORE CITY	HEALTH DEPARTMENT		2102 = 1/
	TH NO. 45-3/689 65 1358	CERTIFICA	TE OF DEATH	Registered No	85 13500
1, 1	E CASE NO.		2. DATE AN	D HOUR OF DEATH	
(Ту	De or Print) JACKSON, BA	by GiPL		12/21/6	5 1 11'45 P.
3.	PLACE OF DEATH IN BALTIMORE MARYLAND	-d Alba	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence belore admission)
			A. STATE B. COUN		and "
	FULL NAME OF (If not in hospital or institution	on, give street	New t	Sen De	45 # 2
	HOSPITAL OR oddress or locotion)	= 5 Manyla	C. CITY OR TOWN , Ilf out	side city limits, write R	URAL and give township)
0	Baltinor	e of the year	1- BaltIMORE		6-01
1	. Sihai	TUSDITA		urol, give location),	Lanuale St. (17
19	f Balto Inc. Belucder	A Gorage Change	210	1047 W	A PA
5.	EX 6. RACE 7. MARRI	ED. NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
-	- WIDON	NED, DIVORCED (specify)		ost birthdoy)	Months Doys Hours Min.
H	exate regno NEU		12/2/102		6 45
	USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein	gn country)	12. CITIZEN OF WHAT COUNTRY?
aon	e during most of working life, even if refired)	Alman	Braits in	0 0	WHA! COUNTY!
12	FATHERS NAME TO TO	None	14. MOTHER'S MAIDEN NAM	15	087.
13.	James, Jac	7/550n	14. MOTHER'S MAIDEN NAM		
	Not Autobo		LILLIAN	- (arr	2
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) III yes, give wor or dotes of service	e) SECURITY NO.	. /	5 0	0 16
	No	None.	HOSPITAL	Kecon	- Jame as #,
	18.762.57	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1		ONSEL AND DEATH
	LEADING TO DEATH	IA) TR	empterit	4	
	(This does not mean the made of dying, e				
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	se,		1	
	ANTECEDENT CAUSES	(8)			
		DUE TO			
	DISEASES OR CONDITIONS, if any, giving the state of the above cause (A) stating to				
	UNDERLYING CONDITION lost,	lhe IC)			
	15				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING —			
TION	TO THE DEATH BUT NOT RELATED TO		motheray		
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20A. AUTOPSY?/Yes or No	1 000 15 VEC 14505 5	This course service
H	19A. DATE OF OPERATION 19B. CONDITION FO	WHICH OPERATION	20 A. AUTOPSTACTES OF NO.	IN CERTIFYING CAL	INDINGS CONSIDERED
CERTIFI	$\propto$		725		10
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY le.g., in home, form, loctory, street, af	fice bldg. INJURY OCCUR?	(If in Baltimare	City, give exoct locotion)
AL	DEATH (notify medical examiner)	etc.)		and specialists	
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCILE?	7
ME	OF INJURY	While At Not While		oki occok.	
		Work At Work			
	22. I certify that (1) (this hospital) attende	d the deceased from	2/2/165	9to	2/2/ /6/10
		1 - /	1 / -	4	
	that (1) (we) lost saw the deceased alive a	19 4		if in (my) (our) opin	nion death accurred an the date
	and hour and from the causes stated above	(We) taid) (did not) v	iew the body ofter death.		
	23A. SIGNATURE				23B. DATE SIGNED
	Controlle	Atte	nding Med.	Stalf 1	12/3/10
	23C. PHYSICIAN'S	Phy:	Director 23D. ADDRESS	Phys: Q	RJ 0/60
	NAME (Type	1-1' 1	SU. ADDRESS	11	1000
	>HN toRD	E // V. M.D.	ONDERGOO O	FINDLEY	Dame as #
24/	BURIAL CREMATION, 248. DATE 24C	NAME of CEMETARY OF CRE	MATORY 124D. LO	CATION (Ci	ty, town, or county) (Stote)
	REMOVAL (Specily) JAN 6 1961	5		chicki ci	CHOOL
	0.00	INHN	HOPKING M	CUIDAL 3	733 C) CE 16
25/	DATE RECID BY HEALTH DEST. SSB. MAM	OF REGISTRAR OF THE	25C SUNGAL DIRECTOR	7 CEDING	ADDRESS
	JAN I 0 1966 Robert E.		MUKIUAK	SERVICE	E BCHD
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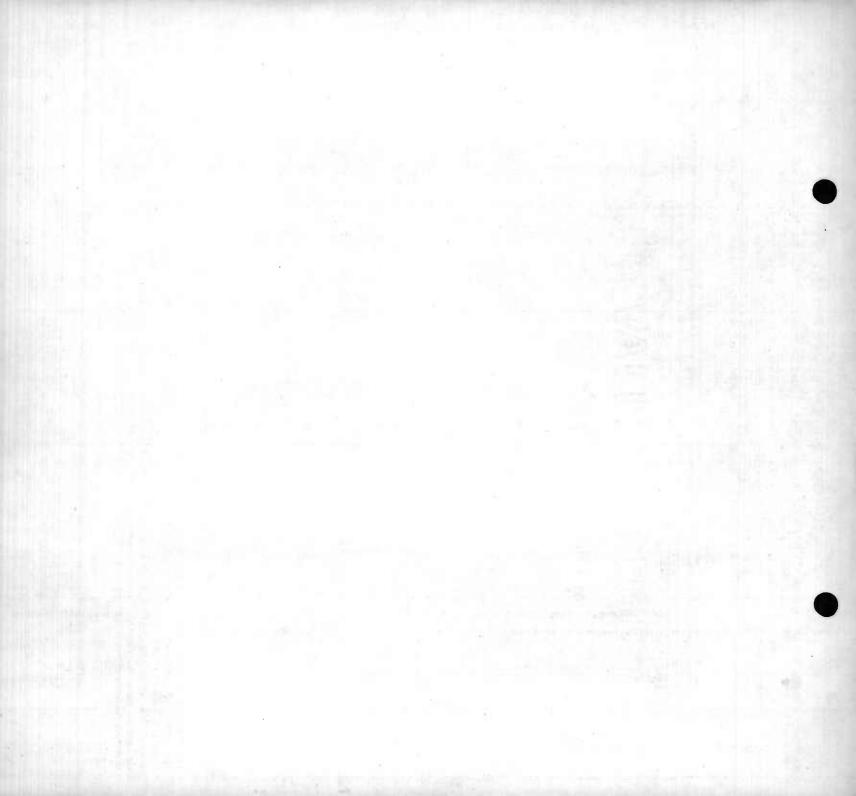
BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

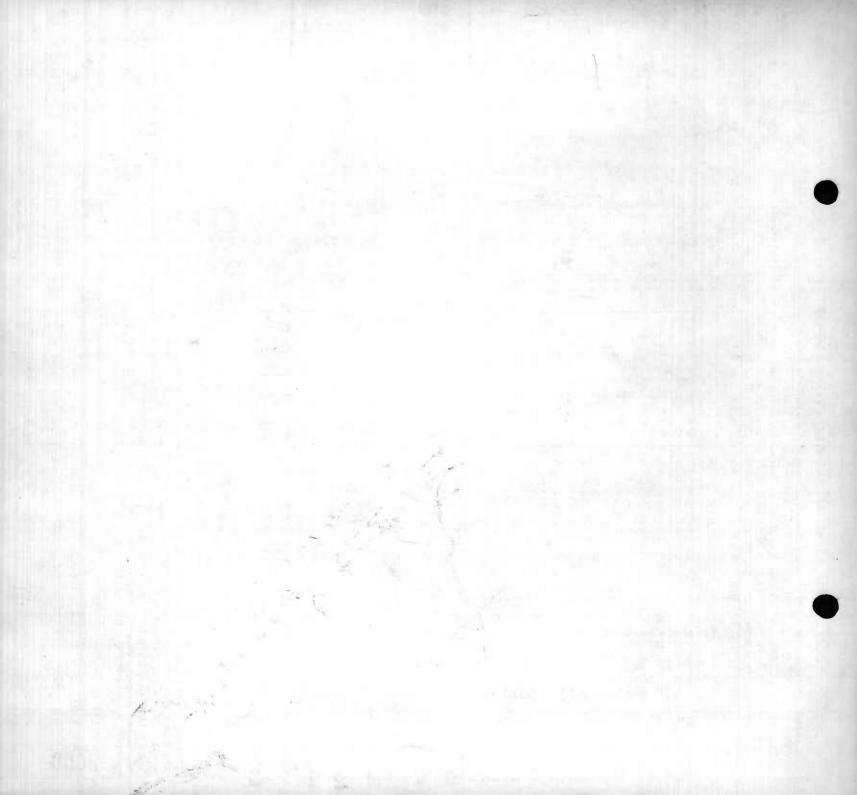
county)

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INTERVAL BETWEEN ONSET AND DEATH



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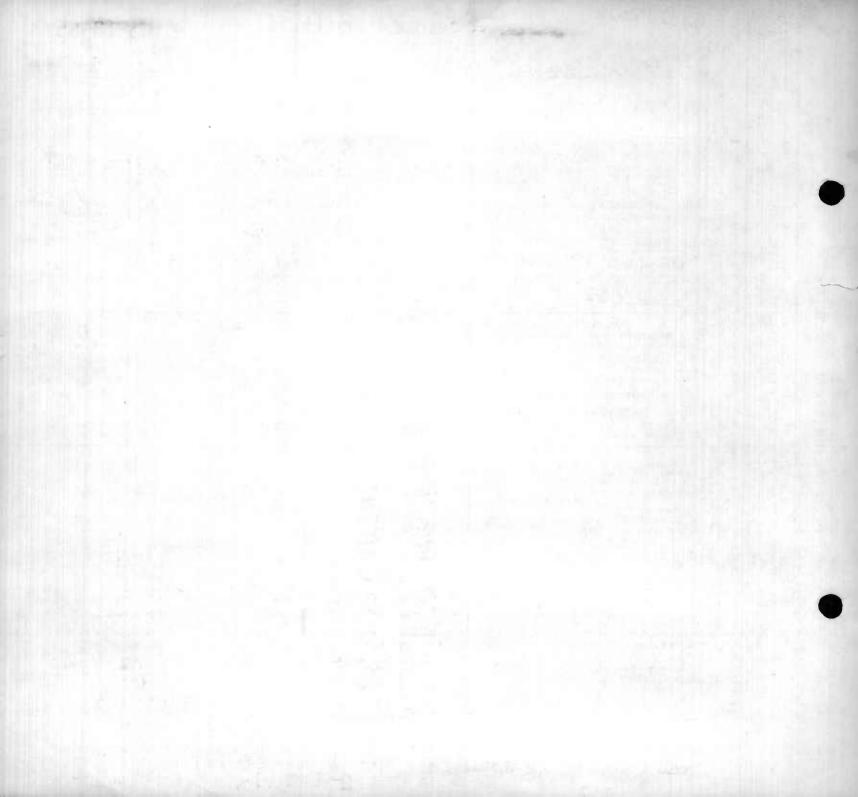
3585 65.30087 Registered No. CERTIFICATE OF DEATH pital and of deoth Deceased the Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Typo or Print) uo 12-1-65 hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance (5) OR TOWN (IF OU Cause (If not in hospital or institution, give stroet FULL NAME OF HOSPITAL OR address or location) C. CITY (If outside city limits, write RURAL and give township) canse; ottend 0 BACTIMORIS prior ADDRESS contributing Undetermined 9 Dom 5. SEX If Under 1 Yr. Months: Doys 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 24 Hrs. Hours eceased in regul WIDOWED, DIVORCED (specify) lost birthdoy -1-65 30 11. BIRTHPLACE (State or foreign country) IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF or final disposition WHAT COUNTRY? done during most of working life, even if retired) MARYLAND O MOS the 13. FATHER'S NAME TOXRB S LANDSMAN BODORA death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, givo wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. attendonce pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed RBMATURI LEADING TO DEATH (This does not moon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury ar camplication which caused death.) ANTECEDENT CAUSES who DUE TO the remoins ore DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) before OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID where (If in Boltimoro City, give exect location) home, lorm, foctory, street, office bldg., INJURY OCCUR? hospital MEDICAL DEATH (notify medical examiner) nature; obtained 9 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this haspital) attended the deceased from ... 2/1/6 that (I) (we) last saw the deceased alive on..... be a hospitol death) and hour and from the couses stated above. (i) (We) did) (did not) view the body after death. must accident 234 SIGNATURE 23B. DATE SIGNED Attending Z M.D. Med. Stoff 24 Drug 9 Phys. L approval 23 C. PHYSICIAN'S 23D. ADDRESS prior ata Sherm rerman O.A. 24A, BURIAL CREMATION, REMOVAL (Specify) 24C NAME OF CEMETERY OF CREMATORY 248. DATE 24D. LOCATION deceased the body Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

IMPORTANT

DIRECTOR:

FUNERAL

assistant



VS 150-REV. 1/1/65

of death Deceased

hospital

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death.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH M.E. CASE NO UNKNOWN I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Baby Boy 12/17/65 BROWN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE 8. CDUNTY md FULL NAME DE (If not in haspital ar institution, give street HD SPITAL DR C. CITY OR TOWN (If autside city fimits, write RURAL and give township) INSTITUTION timorp Sinai Hosp. of Balton, Md. D. STREET ADDRESS (If rural, give location) 1613 m. Broadway 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr, If Un If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday male megro 12/17/66 16A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Brown 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH e mat (This does not mean the made al dying, e.g., heart lailure, asthenia, etc. Il means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, affice bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPRDX) Work At Work 22. I certify that AX (this hospital) attended the deceased from 1. 2. 19 12/11 1966 65 and that In(my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on \_\_\_\_\_\_ and haur ond from the causes stoted obave; (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending V Med. Stoff 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Keisterstown IbeRT (9-ab 24A. BURIAL CREMATION, DATE CEATETERY, ON CREMATORY 24D/ LOCATION (City, town, or county) (Stote) REMOVAL (Specify)

Corrections from Dr. Galban 13 3/10/66

	CASE NO.			CERTIFICA	TE OF DEATH		
Type	or Print)	EASED Dob	C:1	Detmini		D HOUR OF DEATH	0.70 0
. PL	ACE OF DEA	ffman, Bab	Y GIT	-ratricia	12-1		nstitution: residence before admission
					A. STATE B. COUN	TY	
HC	LL NAME O	F (If not in hospital oddress or location		give street		Baltimore	RURAL and give township)
IN:	TITUTION	Baltimore			Rural		5
5		4940 Easte Baltimore.			1917 Rettma	rutol, give location)  n Lane 21	222
SEX		6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
F	emale	White		married (specify)	12-13-65	lost birthdoy)	Month's Doys Hours Min.
dA. U	SUAL OCCU	JPATION (Give kind of work			11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
one c	luring most of v	working lite, even il retired)			Maryland		U. S. A.
3. FA	THER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME	0.00.00
	Char	cles		6 6	Patricia Wo	rklev	
	s Deceased	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		stern Avenue
Capri	o or orikilo will	in yes, give wor or dole	a of activity	SECORITI NO.	BCH: RECORD		re. Maryland 21
118	37 - 1	73		CAUSE O		O DOLL OTHIO	INTERVAL BETWEEN ONSET AND DEATH
1		aplication which coused		(8)			
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MEDICAL CERTIFICATION	DISEASES COISE IO THE SIGNIFO THE DOSEASE OR PALDATE OF R CONTRIBUTENT (notify)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.  FICANT CONDITIONS CREATH BUT NOT RELATION PS. CONDITION CAUSING WAS PER!  NT WAS UNDERLYING TIME CAUSE OF medicol exominer)	ony, giving stolling like CONTRIBUTIN ATED TO T IT.  IDITION FORMED  21 ho etc  (Hour) 21 W	DUE TO  (C)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ir me, larm, factory, street, of colory, street, of colory, street, of colory  E. INJURY OCCURRED  hile At	20A. AUTOPSY? (Yes of No not obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CA	re City, give exoct locotion)
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MEDICAL CERTIFICATION	DISEASES OF SECTION OF THE DESCRIPTION OF THE DESCR	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.  FICANT CONDITIONS CREATH BUT NOT RELACIONAL SING I OPERATION 198. CON WAS PER OTHER CAUSE OF MEDICAL CA	ony, giving stoling like CONTRIBUTIN ATED TO T IT.  IDITION FOR FORMED  (Hour) 21  WW WW.	DUE TO  (C)  (G)  (G)  (G)  (HE  WHICH OPERATION  R. PLACE OF INJURY (e.g., in me, larm, foctory, street, of colory, street, of colory, street, of colory  E. INJURY OCCURRED  hille At Work  At Work  the deceased from  12-13	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJ	URY OCCUR?	RUSES OF DEATH?  The City, give exact locotion)
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MEDICAL CERTIFICATION  ST. CO. C.	DISEASES OF SIGNIFICATION OF THE DISEASE OR OF T	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS OF EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI NT WAS UNDERLYING JUNE OF medical examine)  (Manth) (Day) (Year)  that (1) (this hospital lost sow the decease d from the causes sto	ony, giving stoling like CONTRIBUTIN ATED TO T IT.  IDITION FOR FORMED  (Hour) 21  WW WW.	DUE TO  (C)  (G)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, larm, foctory, street, of continuous c	20A. AUTOPSY? (Yes of No nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJ  12-13  19.65	URY OCCUR?	LUSES OF DEATH?  THE City, give exact location)  19.65  Inion death occurred on the da
MEDICAL CERTIFICATION  THE CONTRACT CON	DISEASES OF SIGNIFICATION OF THE DISEASE OR OF T	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  FICANT CONDITIONS CLEATH BUT NOT RELACIONAL PROPERTY OF THE PROPERTY	ony, giving stoling like CONTRIBUTIN ATED TO T IT.  IDITION FOR FORMED  (Hour) 21  WW WW.	B. PLACE OF INJURY (e.g., inme, larm, foctory, street, of the larm, foctory, street, of the deceased from 12-13.  (1) (We) (dld) (did nat) verification of the deceased from 12-13.	20A. AUTOPSY? (Yes or No nor about 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJ  12-13  19.65 ond the liew the body after death.	URY OCCUR?	NUSES OF DEATH?  THE City, give exact location)  19.65.  Inion death occurred on the do
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MEDICAL CERTIFICATION  THE STATE OF STA	DISEASES OF SIGN IN DERLYING THE DOTTHER SIGN IN THE DOTTHE DOTSEASE OR PA. DATE OF THE CONTRIBUTION OF TH	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.  II FICANT CONDITIONS CAUTH BUT NOT RELACED AND LAST CONDITION CAUSING IT OPERATION 198. CON WAS PERIOD (Manth) (Doy) (Year)  Thot (I) (this hospital lost sow the decease of from the couses stowed from the couse stowed fr	ony, giving stoling like CONTRIBUTIN ATED TO T IT.  CONTRIBUTION FOR FORMED  (Hour) 21  (Hour) 21  WW  WI) ottended et alive on ted obove.	DUE TO  (C)  (C)  (G)  (G)  (G)  (G)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., in me, larm, foctory, street, of large	20A. AUTOPSY? (Yes of No nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJ  12-13  19.65 ond the iew the body after death.  23D. ADDRESS  4940 Eastern	URY OCCUR?  19 6.5 to 12— at in (my) (our) opi  Stoff Phys. X  AVENUE B	13

